

EXHIBIT 9

In the Matter Of:

K.C., ET AL

-V-

INDIVIDUAL MEMBERS OF MEDICAL LICENSING BOARD OF INDIANA, ET AL

Dan H. Karasic, M.D.

May 18, 2023

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24	STEWART RICHARDSON & ASSOCIATES			Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine
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ACLU OF INDIANA			8	with gender dysphoria and
1031 East Washington Street			9	recommendations for research
Indianapolis, IN 46202			10	Exhibit 10 Evidence review:
kfalk@aclu-in.org			11	Gonadotrophin releasing hormone
grose@aclu-in.org			12	analogues for children and
Chase Strangio, Esq.			13	adolescents with gender
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UNION FOUNDATION			16	Gender-affirming hormones for
125 Broad Street			17	children and adolescents with
New York, NY 10041			18	gender dysphoria
cstrangio@aclu.org			19	Exhibit 12 Well-Being and
hseldin@aclu.org			20	Suicidality Among Transgender
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Thomas M. Fisher, Esq.			22	Hormones
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OFFICE OF THE ATTORNEY GENERAL			24	Psychological Outcome After
302 West Washington Street			25	Puberty Suppression and Gender
IGCS Fifth Floor				Reassignment
Indianapolis, IN 46204				
tom.fisher@atg.in.gov				
melinda.holmes@atg.in.gov				
ALSO PRESENT: Shawn Weyerbacher				
John Vastag				

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<p style="text-align: right;">Page 5</p> <p>1 THE REPORTER: My name is Debbi Austin, an 2 associate of Stewart Richardson & Associates, 3 One Indiana Square, Suite 2425, Indianapolis, 4 Indiana. Today's date is May 18, 2023. The time 5 is 12:00 p.m. Eastern Standard Time. This 6 deposition is being held via Zoom videoconference. 7 The deponent is Dan H. Karasic, M.D. 8 Will counsel please identify themselves and 9 any persons present with you for the record. 10 MR. STRANGIO: Yes. Good morning. This is 11 Chase Strangio from the ACLU, here with the 12 witness, on behalf of the plaintiffs. With me on 13 Zoom are Harper Seldin, also with the ACLU, and Ken 14 Falk and Gavin Rose from ACLU of Indiana. 15 MR. FISHER: This is Tom Fisher with the 16 Indiana Attorney General's office. With me on Zoom 17 is Melinda Holmes. With me, in my office, is our 18 law clerk, John Vastag. 19 DAN H. KARASIC, M.D., 20 having been first duly sworn to tell the truth, the 21 whole truth, and nothing but the truth, was examined 22 and testified as follows: 23 EXAMINATION 24 BY MR. FISHER: 25 Q Well, good afternoon. Or good morning, I guess,</p>	<p style="text-align: right;">Page 7</p> <p>1 But I think, otherwise, let's talk a little 2 bit about -- 3 MR. FISHER: Well, let's go ahead and mark 4 Exhibit 2. We'll get that out of the way. 5 (Deposition Exhibit 2 marked.) 6 Q This is the complaint in the case. 7 MR. FISHER: Chase, by the way, do you have a 8 full set of the exhibits? 9 MR. STRANGIO: I have access to the exhibits. 10 I haven't printed them, so we will be using the -- 11 I have printed some of them, the ones that we used 12 the other day, but not all of them. So we'll use 13 this method. But we can instruct about zooming and 14 such. 15 MR. FISHER: Yeah, that's fine. 16 MR. STRANGIO: And one thing, just for the 17 record, that the doctor has in front of him is his 18 final declaration. So that is before him. 19 MR. FISHER: Okay, great. Thank you. 20 BY MR. FISHER: 21 Q Doctor -- 22 MR. FISHER: If we could scroll down just a 23 little bit -- I'm sorry, Shawn. Scroll down just a 24 little bit. Okay, there we go. 25 Q Doctor, have you seen this document before?</p>
<p style="text-align: right;">Page 6</p> <p>1 for you, Doctor. My name is Tom Fisher. I'm the 2 Deputy Attorney General, and I'll be taking your 3 deposition today. 4 MR. FISHER: So let's mark our first exhibit, 5 which is Defendant's Notice of Deposition. 6 (Deposition Exhibit 1 marked.) 7 Q Doctor, do you recognize this document? 8 A Yes. 9 Q What do you understand this document to be? 10 A It's a notice that I'm being deposed. 11 Q And it's in response to this notice that we are 12 having this deposition today? 13 A Yes. 14 Q Is there any reason that you cannot give full and 15 complete testimony today? 16 A No. 17 Q Have you ever given a deposition before? 18 A Yes. 19 Q So you know basically how it works. I think just a 20 couple of housekeeping items. The main one is I'm 21 going to assume that you understand my questions. 22 If you don't, please don't hesitate to say 23 something and we'll clear it up the best we can. 24 So that's, I think, the main one I wanted to advise 25 you about.</p>	<p style="text-align: right;">Page 8</p> <p>1 A Yes. 2 Q What do you understand this document to be? 3 A This is the complaint in response to the Indiana 4 statute on gender-affirming care for minors. 5 Q And this is the complaint in the case pursuant to 6 which you are here to testify today; correct? 7 A Yes. 8 Q And have you read this document in its entirety 9 before? 10 A Yes. 11 MR. FISHER: All right. Let's go ahead and 12 mark Exhibit 3, Senate Enrolled Act 480. 13 (Deposition Exhibit 3 marked.) 14 Q Doctor, have you seen this document before? 15 A Yes. 16 Q What do you understand it to be? 17 A I understand that this is an Indiana statute that 18 prohibits or limits gender-affirming care for 19 minors. 20 Q And have you read this statute in its entirety? 21 A Yes. 22 Q So tell me what you have reviewed today in 23 preparation for this deposition. 24 A I reviewed my declaration and the documents that 25 you've shown me.</p>

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<p>1 Q Anything else?</p> <p>2 A Well, I have -- I had a review of literature in 3 various cases that I've -- that I've done, but not 4 so much in response particularly to this for this 5 deposition.</p> <p>6 Q Other than your lawyers, have you spoken to anyone 7 about the deposition today?</p> <p>8 A No.</p> <p>9 Q So tell me, Doctor, let's just start with your 10 background.</p> <p>11 What is your current position?</p> <p>12 A I'm professor emeritus of psychiatry at UCSF.</p> <p>13 Q How long have you had emeritus status?</p> <p>14 A Since 2020.</p> <p>15 Q And what was your position before you took emeritus 16 status?</p> <p>17 A I was a health sciences clinical professor of 18 psychiatry at UCSF for the preceding 29 years.</p> <p>19 Q I infer from that position that you had a clinical 20 practice during that period as well?</p> <p>21 A Yes.</p> <p>22 MR. STRANGIO: Object to form.</p> <p>23 A Yes.</p> <p>24 Q Do you maintain a clinical practice now?</p> <p>25 A Yes.</p>	<p>1 was about two-thirds are people who are transgender 2 or, you know, are coming for issues related to 3 gender dysphoria.</p> <p>4 Q And of that group, what percent are under the age 5 of 18?</p> <p>6 A So again, when I looked, it was about a third, a 7 third, a third: About a third cisgender people who 8 were mostly adults; about a third transgender 9 minors; and about a third transgender adults.</p> <p>10 Q Within the group of minors, what about minors -- 11 the percentage, rough percentages of those who had 12 reached Tanner stage 2 versus those who had not?</p> <p>13 A All of them. I only see patients who are 12 and 14 older.</p> <p>15 Q What have been your areas of focus for research and 16 writing?</p> <p>17 A So first I have done some research related to 18 people with HIV, including for a time, part of my 19 time was NIH funding, studying depression in that 20 population. And then over the years also the care 21 of transgender people and the clinical care that's 22 being provided.</p> <p>23 Q Has prepubertal biological development ever been an 24 area of research for you?</p> <p>25 MR. STRANGIO: Object to form.</p>
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<p>1 Q Is it a full-time clinical practice or a part-time 2 clinical practice?</p> <p>3 A I am seeing patients about halftime.</p> <p>4 Q Before you took emeritus status, was your clinical 5 practice devoted entirely to individuals with 6 gender dysphoria or was it a more general practice?</p> <p>7 MR. STRANGIO: Object to form.</p> <p>8 A I had initially came to UCSF in 1991, focusing on 9 people with HIV and AIDS. But then since the 10 1990s, I've also been seeing transgender people 11 who've been kind of, over the 30 years, more of a 12 focus of the patients that I saw in the various 13 kind of clinical programs I was involved in.</p> <p>14 Q Any other categories of psychiatric illnesses that 15 you had a focus on?</p> <p>16 MR. STRANGIO: Object to form.</p> <p>17 A Well, within initially the people with HIV and 18 transgender people, of course people have, you 19 know, every sort of psychiatric illness. In my 20 current private practice, I do see some cisgender 21 patients. Not all of my patients are transgender.</p> <p>22 Q So in your current practice, do you have a sense 23 for roughly what percentage of your patients are 24 there with issues related to gender dysphoria?</p> <p>25 A Yes. At some point, I looked a while back, and it</p>	<p>1 A Not in terms of any published work. Of course, I 2 have an awareness of the research going back to my 3 training at UCLA. I was there at the same time 4 Richard Green was there who published the first 5 longitudinal study on feminine boys.</p> <p>6 MR. FISHER: So let's go ahead and mark 7 Exhibit 4, which is the expert declaration of 8 Dr. Karasic.</p> <p>9 (Deposition Exhibit 4 marked.)</p> <p>10 Q Doctor, does this document look familiar to you?</p> <p>11 A Yes.</p> <p>12 Q Can you tell us what it is, please.</p> <p>13 A It's my expert declaration for this case.</p> <p>14 MR. FISHER: Okay. So I think, Shawn, if he 15 could just scroll through it. I just want the 16 doctor to see that the entire declaration is here, 17 along with his CV and list of publications.</p> <p>18 It's a little bit long. I just want to 19 make -- it's just this presentation method gives us 20 limited viewing capability. Go ahead and keep 21 scrolling. Let's scroll all the way to page 19.</p> <p>22 Q Doctor, is that your signature on page 19?</p> <p>23 A Yes.</p> <p>24 Q Is there anything about this declaration that is no 25 longer accurate?</p>

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<p>1 A Not that -- oh, one thing. Since this declaration 2 was filed, under the depositions and trials, I 3 testified in Dekker versus Weida in Tallahassee 4 just last week.</p> <p>5 Q Great. Thank you.</p> <p>6 Anything else?</p> <p>7 A No.</p> <p>8 Q All right.</p> <p>9 MR. FISHER: Shawn, let's scroll to the next 10 page of that exhibit, please. Stop there.</p> <p>11 Q Doctor, do you -- this is a part of the same 12 exhibit, but is this the first page of your CV?</p> <p>13 A Yes.</p> <p>14 Q I don't want to take the time to have to scroll 15 through the whole thing.</p> <p>16 MR. FISHER: So Shawn -- or sorry, Chase, you 17 should have the entire thing in your file of 18 documents. And so I just want to stipulate, if we 19 can, that this is the doctor's CV and list of 20 publications that he attached to his declaration.</p> <p>21 MR. STRANGIO: Yes, that's accurate. And just 22 to clarify, the CV and then the bibliography.</p> <p>23 MR. FISHER: Yes, thank you.</p> <p>24 Q So I think -- thank you for mentioning that.</p> <p>25 MR. FISHER: I think -- I do want to turn to</p>	<p>1 Exhibit B?</p> <p>2 A There are references related to statements I made 3 in my declaration. That's predominantly. And 4 then -- and some of them were -- there is some that 5 were papers I've relied on in other recent 6 declarations, I think, as well.</p> <p>7 Q All right. I want to start a conversation at a 8 little higher level of generality as we kind of 9 work our way into these issues. And my first 10 question in that regard for you is, what is sex?</p> <p>11 MR. STRANGIO: Object to form.</p> <p>12 A So sex has a number of different meanings. Do you 13 want to specify when you're referring to a 14 definition of sex, what you -- which of those 15 meanings you are referring to?</p> <p>16 Q I guess I'm referring to the meaning that, you 17 know, the way that we think about sex in science. 18 Does that help?</p> <p>19 MR. STRANGIO: Object to form.</p> <p>20 A So sex has different meanings. It can refer to 21 sexual intercourse. It can refer to sex assigned 22 at birth, the sex that's on someone's birth 23 certificate.</p> <p>24 Sorry, the lights just went out in here.</p> <p>25 That's good, it's a motion detector.</p>
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<p>1 that bibliography, which is Exhibit B to the -- to 2 that declaration. Oh, there it is. It's several 3 pages in. It's after the CV, at the end of the -- 4 the last four or five pages of the document.</p> <p>5 Q All right. So Doctor, this is the Exhibit B that 6 Mr. Strangio mentioned just a minute ago?</p> <p>7 A Yes.</p> <p>8 Q Are these the materials that you relied on in 9 preparing your report?</p> <p>10 A Yes. I mean, I relied on my, you know, kind of 11 broader understanding of the literature, but in 12 particular these papers.</p> <p>13 Q Are all of these papers scientific peer reviewed 14 sources?</p> <p>15 MR. STRANGIO: Object to form.</p> <p>16 A Some are policy statements of various 17 organizations, some of them that are showing up 18 right now.</p> <p>19 Q So not everything in this list is peer reviewed; 20 correct?</p> <p>21 A So I think some of the policy statements might not 22 be peer reviewed, but rather the policy statements 23 of the -- like position statement of an 24 organization.</p> <p>25 Q Okay. How did you decide what to include in</p>	<p>1 So the sex that the physician or other 2 provider delivering a baby might put on the birth 3 certificate based on the appearance of external 4 genitalia.</p> <p>5 Q Is there such a thing as a human male genotype?</p> <p>6 MR. STRANGIO: Object to form.</p> <p>7 A So there is -- again, there is included in that 8 question, you're referring to male, I think, that 9 one can refer to the typical genotype of someone 10 assigned male at birth.</p> <p>11 Q What is that genotype?</p> <p>12 A Well, chromosomally, that -- again, typically, 13 chromosomally that includes a Y chromosome. But 14 there are also people who are assigned male at 15 birth who lack that, but certainly it's -- you 16 know, it is often referred in that way because that 17 is typical.</p> <p>18 Q What percent of cases do humans assigned male at 19 birth lack that male genotype, that XY genotype?</p> <p>20 MR. STRANGIO: Objection.</p> <p>21 A It's certainly uncommon, and that's why I say 22 typical.</p> <p>23 Q Do you have a sense of the percentage?</p> <p>24 A So again, there is some ambiguity in referring to a 25 male genotype because there's both intersex people</p>

<p style="text-align: right;">Page 17</p> <p>1 and then there are also people who identify as male 2 later in life who have a different genotype. But 3 typically -- you know, and that's why I say 4 typically, it's, you know, having a Y chromosome.</p> <p>5 Q And then I want to, just for sake of completeness, 6 ask about the human female genotype. Is there such 7 a thing?</p> <p>8 MR. STRANGIO: Object to form.</p> <p>9 A So again, typically it's referring to someone with 10 two X chromosomes. There are a small number of 11 people, for example, with complete androgen 12 insensitivity that could be XY but phenotypically, 13 you know, appear female. And so -- and there are 14 people who identify as female later in life. But 15 typically it's referring to someone with two X 16 chromosomes.</p> <p>17 Q You used the term "phenotypically." Did I hear 18 that right?</p> <p>19 A Phenotypically as opposed to geno- -- you know, the 20 external appearance related to the chromosomes.</p> <p>21 Q Well, that's -- yeah, that was what I was wondering 22 is what the distinction was. But that sounds like 23 a good way to describe it.</p> <p>24 What about for other mammals, are there two 25 distinct genotypes?</p>	<p style="text-align: right;">Page 19</p> <p>1 MR. STRANGIO: Object to form.</p> <p>2 A Again, I think I'll limit my testimony to humans. 3 But as I said, it is my impression that there are 4 similar processes in other mammals.</p> <p>5 I would -- when we're talking about the 6 Endocrine Society and the kind of biological sex 7 terms, the Endocrine Society has also, in Hembree, 8 expressed caution about the term "biological sex," 9 because it can have different meanings. So but -- 10 I'm sorry, but go on.</p> <p>11 Q I'm going to read the rest of the statement. And 12 again, I'm just looking for you to tell me if you 13 agree with it.</p> <p>14 In quote, "In mammals numerous sexual traits, 15 (gonads, genitalia, et cetera) that typically 16 differ in males and females are tightly linked to 17 each other."</p> <p>18 Do you agree with that statement?</p> <p>19 MR. STRANGIO: Object to form.</p> <p>20 A You know, I'm certainly not going to disagree with 21 that statement, but at the same time, I'm not an 22 expert on equivalent phenomenon. And certainly 23 when we're talking about gender identity, that is 24 something that, you know, we can't, you know, glean 25 from animals. So there are some differences, but,</p>
<p style="text-align: right;">Page 18</p> <p>1 MR. STRANGIO: Object to form.</p> <p>2 A So again, it's my understanding, certainly, that 3 there are, you know, similar genotypes in other 4 mammals.</p> <p>5 Q So I just want to -- I came across a statement by 6 some authors at the Endocrine Society. Are you 7 familiar with the Endocrine Society?</p> <p>8 A Yes.</p> <p>9 Q And this is a statement that I'll represent to you 10 made by authors Bhargava, Arnold, Bangasser, and 11 others. And I'll read it to you. My only question 12 is whether you agree with it or not.</p> <p>13 They say, "All mammals have two distinct 14 sexes."</p> <p>15 So let's start there. Do you agree with that 16 statement?</p> <p>17 MR. STRANGIO: Object to form.</p> <p>18 A I'm not really an expert on animals, so I think I 19 might confine my commentary to people about, you 20 know, for example, intersex phenomenon in animals 21 or other phenomenon.</p> <p>22 Q So maybe you just misheard me. I just want to make 23 sure you didn't mishear me. All mammals have two 24 distinct sexes. Are you comfortable answering that 25 question?</p>	<p style="text-align: right;">Page 20</p> <p>1 you know, I'm not going to -- I'm not going to 2 disagree, but also limit my expertise to humans.</p> <p>3 Q So let's -- you said that gender identity is not -- 4 information or learning, perhaps, about gender 5 identity is not something we can glean from 6 animals. I don't mean to misquote you. Is that 7 functionally what you're saying?</p> <p>8 MR. STRANGIO: Object to form.</p> <p>9 A Yes.</p> <p>10 Q Okay. Why not?</p> <p>11 A Well, I like to think that I can talk to my dog, 12 but, you know, our communication is limited. And 13 so, you know, there's a component of communication 14 I think that is necessary.</p> <p>15 Q Well, is that the only reason, the lack of ability 16 to communicate with the animals?</p> <p>17 MR. STRANGIO: Object to form.</p> <p>18 A You know, again, I'm not an expert on gender -- sex 19 and gender in animals, and so I don't -- I'm not 20 sure I can answer that.</p> <p>21 Q Why is the communication aspect so important?</p> <p>22 MR. STRANGIO: Object to form.</p> <p>23 A Well, I do think that that is a way that we -- that 24 humans learn about each other.</p> <p>25 Q Can someone detect a newborn baby's phenotype and</p>

<p style="text-align: right;">Page 21</p> <p>1 likely genotype without talking to the baby?</p> <p>2 A So usually sometimes, for example -- again, using 3 the example of complete androgen insensitivity, 4 it's not talking to the baby, but one might have 5 difficulty, you know, at birth, you know, until or 6 unless, you know, further tests are run.</p> <p>7 Q What tests?</p> <p>8 A Well, for complete androgen insensitivity, the 9 person has XY chromosomes but appears female, and 10 very often people don't know, you know, that they 11 have XY chromosomes until they get -- you know, 12 fertility testing or pediatric examination, you 13 know, after puberty.</p> <p>14 Q But to understand, then, if I'm following you, 15 somebody with a female phenotype might actually 16 have a male genotype, and the way to discover that 17 is to test the chromosomes, see what they say?</p> <p>18 MR. STRANGIO: Object to form.</p> <p>19 A Yes. I mean, that would, you know, indicate that, 20 you know, in this case the person has XY 21 chromosomes, and then presumably they do further 22 testing to show that there's this insensitivity of 23 their cells to, say, androgens.</p> <p>24 Q And are those tests -- do those tests require, you 25 know, in and of themselves communication with the</p>	<p style="text-align: right;">Page 23</p> <p>1 A So in this newborn baby we can predict that most of 2 the time their gender matches their sex assigned at 3 birth, but we also know that's not always the case.</p> <p>4 Q I'm not asking about gender. I'm only talking 5 about genotype and phenotype. You can know the 6 newborn baby's phenotype and very likely its 7 genotype without talking to the baby; correct?</p> <p>8 MR. STRANGIO: Object to form.</p> <p>9 A So you -- there are certainly aspects of phenotype 10 in terms of appearance of genitalia and, you know, 11 genotypes in terms of likelihood of XX or XY 12 chromosomes.</p> <p>13 Q But to learn about gender identity, we have to have 14 a conversation with the person?</p> <p>15 MR. STRANGIO: Object to form.</p> <p>16 A Well, there are parents who have children where 17 they believe that they had some knowledge of the 18 child had a different gender identity from very 19 early on, but you would need to be able to 20 communicate with the person, you know, eventually 21 to be able to confirm, you know, if there is some 22 difference from their peers in terms of gender 23 identity.</p> <p>24 Q So parents who presumably know their children best 25 among anybody are unable without hearing it from</p>
<p style="text-align: right;">Page 22</p> <p>1 patient? And by that, I mean other than 2 communication to set up the test. I mean the 3 conduct of the test, the understanding of the test, 4 is that done with communication with the patient or 5 some other way?</p> <p>6 MR. STRANGIO: Object to form.</p> <p>7 A Well, there's lab tests, but the patient still 8 comes in and gives a history that might lead the 9 doctor to, you know, suspect that there might be, 10 in this case, complete androgen insensitivity to -- 11 you know, to run those tests.</p> <p>12 Q But the tests themselves are not -- the 13 communication with the patient is not part of the 14 tests themselves?</p> <p>15 A Well, we learn in medical school that the history 16 you take from a patient is extremely important. 17 Often it's the most important thing. And so in 18 this case, the doctor would suspect by history and, 19 therefore, order the testing.</p> <p>20 Q Yeah, okay. But aside from that circumstance, 21 aside from that type of case that you've described, 22 we can otherwise know without talking to a newborn 23 baby, for example, what its phenotype is and very 24 likely what its genotype is?</p> <p>25 MR. STRANGIO: Object to form.</p>	<p style="text-align: right;">Page 24</p> <p>1 the child to determine the child's gender identity?</p> <p>2 MR. STRANGIO: Object to form.</p> <p>3 A Well, there are some parents who say that based on 4 a child's behavior that they suspected a 5 cross-gender gender identity before their child was 6 able to be able to communicate that verbally. For 7 example, strong insistence on behaviors associated 8 with the other gender.</p> <p>9 Q But does that tell us with a high degree of 10 certainty what the child's gender identity is if 11 there has been no conversation with the child about 12 that?</p> <p>13 A Well, when you say "us," you mean a healthcare 14 professional?</p> <p>15 Q Just in general. Yeah, that's fine. Can the 16 parents know with certainty based on what they 17 observe without hearing it from the child what the 18 gender identity is?</p> <p>19 MR. STRANGIO: Object to form.</p> <p>20 A Right. There -- they would need to also hear it 21 from the child, but, you know, it's not unusual to 22 hear a story of, you know, the parents believing 23 that they knew before the child in those 24 circumstances where the cross-sex behavior, 25 cross-gender behavior started very early.</p>

<p style="text-align: right;">Page 25</p> <p>1 Q Well, what about as a clinician, can you know 2 without the child telling you what the child's 3 gender identity is?</p> <p>4 A So no, as a clinician, I would need to be able to 5 communicate with the child.</p> <p>6 Q So what is gender identity?</p> <p>7 A So gender identity is a -- it's often defined as a 8 deeply felt sense of being male, female, or another 9 gender.</p> <p>10 Q What's the difference between sex and gender 11 identity?</p> <p>12 A So sex, again, can have different meanings, as we 13 talked about, and gender, if we're referring to 14 gender identity, refers to that deeply felt sense 15 of being male or female or another gender.</p> <p>16 Q So let's go to paragraph 27 on page 6 of your 17 declaration.</p> <p>18 MR. FISHER: So Shawn, that should be the same 19 document, just scroll way up to page 6 of the --</p> <p>20 A I'm sorry, what page did you say?</p> <p>21 Q It's page 6, paragraph 27.</p> <p>22 A Okay.</p> <p>23 Q Here I think you're talking in your declaration 24 about -- about sex and about gender identity. And 25 it looks like the third sentence, it says, "Aside</p>	<p style="text-align: right;">Page 27</p> <p>1 someone has the phenotype and genotype of a male, 2 but as a matter of gender identity says, I'm a 3 female, what sex is that person?</p> <p>4 MR. STRANGIO: Object to form.</p> <p>5 A Well, again, as said there, people use sex and 6 gender in different ways and, you know, very often 7 people refer to sex as the sex assigned at birth. 8 But that, you know, is not the totality of the 9 term.</p> <p>10 Q I guess I'm wondering if gender identity has to do 11 with an internal sense and if other factors of sex 12 have to do with objective facts like genotype and 13 phenotype observable phenomena, why doesn't it make 14 sense to just maintain that there's sex and -- on 15 the one hand, and then gender identity on the other 16 hand?</p> <p>17 MR. STRANGIO: Object to form.</p> <p>18 A Again, you know, I'm -- I certainly use the term 19 "sex" in terms of sex assigned at birth because I 20 think that is, you know, an easily understandable 21 term.</p> <p>22 Q What is the use of sex in your -- I think the way 23 you would put it, sex assigned at birth, of what 24 scientific use is that determination?</p> <p>25 MR. STRANGIO: Object to form.</p>
<p style="text-align: right;">Page 26</p> <p>1 from external genital characteristics, chromosomes, 2 and endogenous hormones, other factors related to 3 sex include gonads, gender identity, and variations 4 in brain structure and function."</p> <p>5 Do you see that sentence?</p> <p>6 A Yes.</p> <p>7 Q What -- I'm trying to understand how those -- all 8 of those, what do you call them, factors, relate 9 together and whether one of them or which of them 10 dominate an analysis of somebody's -- of 11 understanding what somebody's sex is.</p> <p>12 MR. STRANGIO: Object to form.</p> <p>13 A So again, it -- I refer back, for example, from the 14 Endocrine Society, Hembree's statement of that -- 15 suggesting that biologic sex is -- was not their 16 kind of preferred term because there are different 17 factors that relate to someone's sex. And so these 18 are some different factors that relate to someone's 19 sex.</p> <p>20 MR. FISHER: Shawn, can we make that a little 21 bit bigger on the screen, please. Thank you. My 22 eyes are getting really bad.</p> <p>23 Q All right. So I guess I want to give you -- I'm 24 trying to understand again how these fit together. 25 So let me ask this a slightly different way. If</p>	<p style="text-align: right;">Page 28</p> <p>1 A Well, it certainly has implications in many ways in 2 terms of, you know, appearance of external 3 genitalia, for one. In terms of, you know, that 4 it's only a minority of people that have a gender 5 identity that's different from their sex assigned 6 at birth. So, you know, it does -- it can be 7 useful, you know, in my practice as a descriptor.</p> <p>8 Q How do you determine one's -- and then here I'm 9 going to -- let's look at paragraph 28 because I 10 was about to quote from it.</p> <p>11 MR. FISHER: So right below there, Shawn.</p> <p>12 Q And it's the first sentence. And you're quoting -- 13 it looks like you're quoting something from the 14 American Psychological Association. But it says, 15 "Gender identity is a person's deep felt, inherent 16 sense of being a girl, woman, or female; a man, or 17 male; a blend of male or female; [or another] 18 gender." And the "or another" is in brackets, but 19 that's -- those are your brackets, I guess.</p> <p>20 So I guess my first question is, how do you 21 determine one's internal sense as you were -- deep 22 felt, I guess, in that sentence, inherent -- yeah, 23 deep felt, inherent sense of -- how do you 24 determine what that is for a person?</p> <p>25 A So are you asking how a clinician determines that?</p>

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<p>Page 29</p> <p>1 Q That's right. That's right.</p> <p>2 A Okay. So in my role as a clinician, I am particularly concerned about whether there's gender dysphoria, where there's distress that needs to be treated, and certainly part of the history that I would take from a patient is about, you know, their expression of their gender identity.</p> <p>8 Q And so what are you looking for to determine what that person's deep felt, inherent sense of being a girl, et cetera, is?</p> <p>11 MR. STRANGIO: Object to form.</p> <p>12 A So I would certainly be communicating with the patient that is -- you know, is something I do as a psychiatrist. And taking a history from a patient, observing the patient. So those are all things that happen, you know, when I'm seeing any patient.</p> <p>17 Q So does a person say, Doctor, I have a deep felt, inherent sense of being a -- if a person assigned male at birth comes in and says, Doctor, I have a deep felt, inherent sense of being a girl, is -- do you say, okay, then your gender identity is that you are a girl and that's it, or do you ask follow-up questions?</p> <p>24 MR. STRANGIO: Object to form.</p> <p>25 A I always ask follow-up questions. You know, I'm</p>	<p>Page 31</p> <p>1 peer, and I'm just trying to use your terminology here, you know, does that gender identity exist?</p> <p>3 Does it have meaning apart from whatever distress they might be feeling?</p> <p>5 MR. STRANGIO: Object to form.</p> <p>6 A Yes.</p> <p>7 Q And then -- and so I'm just trying to understand. I would think that -- and I don't mean to tell you, you know, this is how it has to be done. I'm just trying to -- I'm still trying to understand. I would have thought that the first step in trying to get to the DSM diagnosis is, let's first understand this person's gender identity. Is that an inaccurate way to look at it?</p> <p>15 MR. STRANGIO: Object to form.</p> <p>16 A So having an understanding of their gender identity certainly is important. There are -- as a psychiatrist, there are people who have, you know, varying gender identities who might not be coming to me for gender dysphoria, might not be having distress about that, but rather having panic attacks and are, you know -- kind of are looking for treatment that's focused on panic attacks, for example.</p> <p>25 So that's what I'm saying in terms of if</p>
<p>Page 30</p> <p>1 respectful of what a patient says, but I also, you know, engage in conversation with the patient.</p> <p>3 Q What follow-up questions do you ask?</p> <p>4 A Well, my focus would be about kind of a developmental history in terms of their awareness of having a gender identity different from their peers as well as if they have distress because really kind of a focus for treatment is having a DSM-5 diagnosis of gender dysphoria.</p> <p>10 Q Well, aside from distress, you know, I understand that that's important for gender dysphoria. I'm just trying to, first of all, cover gender identity, and I'm wondering at what point you are satisfied that this person has accurately asserted their gender identity.</p> <p>16 MR. STRANGIO: Object to form.</p> <p>17 A So, you know, people come to me and can tell me how they identify. But again, that's not what I'm treating. So if you're talking about as a psychiatrist, I'm looking for, you know, disorders to be treated, you know, as the APA says, the diagnosis is in the distress. That might -- that could be related to gender identity.</p> <p>24 Q But does gender identity exist if it's -- for somebody who identifies differently than their</p>	<p>Page 32</p> <p>1 somebody is coming in -- presenting to me, I'm trying to assess what are the clinical issues that I might help them with.</p> <p>4 Q Do any observable conditions exist to confirm someone's gender identity?</p> <p>6 MR. STRANGIO: Object to form.</p> <p>7 A So sometimes one gets some sense from observation, but certainly the most important thing about one's gender identity is what -- is what someone communicates to me or to another person.</p> <p>11 Q What is the error rate for assessing someone's gender identity?</p> <p>13 MR. STRANGIO: Object to form.</p> <p>14 A So can you explain the question?</p> <p>15 Q Well, when we were talking about newborns and you were explaining that sometimes the observed phenotype doesn't actually match the genotype, and I think you allowed it's very rare -- I don't mean to put words in your mouth, but very rare that they wouldn't match, but sometimes they do -- and so someone might say, you know, the error rate for assessing genotype upon mere observation of phenotype is, you know, X percent, whatever that is.</p> <p>25 And I'm wondering, similarly, when you're</p>

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<p>1 talking about gender identity, what is the error 2 rate -- if someone tells you what their gender 3 identity is, what is the error rate of that 4 assessment?</p> <p>5 MR. STRANGIO: Object to form.</p> <p>6 A So because someone's gender identity itself isn't a 7 diagnosis, I don't think that -- that that's 8 something that is studied. There has been some 9 study about making a gender dysphoria diagnosis, 10 for example. And just a little bit of research on 11 that. And when we're talking about making a gender 12 dysphoria diagnosis, the symptoms are so distinct 13 from other diagnoses that it would be very unusual 14 to mix that up with something else.</p> <p>15 Q Well, is there an established error rate for 16 diagnosing gender dysphoria?</p> <p>17 MR. STRANGIO: Object to form.</p> <p>18 A So as I said, there's only a little bit of 19 research. There was a little study when the Dutch 20 group, a big gender dysphoria research group was -- 21 did a little study to see whether people were as 22 likely to make a correct diagnosis of the new 23 ICD 11 gender incongruence diagnosis versus gender 24 dysphoria versus transsexualism and ICD 10, and 25 they found that -- they did videotaped interviews</p>	<p>1 that needs further study.</p> <p>2 MR. STRANGIO: Object to form.</p> <p>3 A No, because again, the symptoms are so distinct. 4 So as a psychiatrist, people very often come to me, 5 not just because they have gender dysphoria, but 6 because they have the whole range of psychiatric 7 illnesses, and the symptoms of gender dysphoria are 8 distinct from those. It's not like people 9 confusing dysthymia with major depressive disorder. 10 There's not, you know, kind of a subtlety to the 11 difference between the gender dysphoria diagnosis 12 and another DSM-5 diagnosis.</p> <p>13 Q Well, even so, would it be possible to study the 14 error rate of gender dysphoria diagnosis?</p> <p>15 MR. STRANGIO: Object to form.</p> <p>16 A So, you know, as I said, the Dutch tried to look at 17 whether -- in kind of a validation study of the 18 gender incongruence diagnosis, whether, you know, 19 people -- different clinicians would, you know, 20 make the diagnosis of whether that was kind of 21 consistent and whether that was similar to older 22 diagnoses.</p> <p>23 I'm not sure if there's utility except for in 24 kind of specific circumstances. I assume when the 25 APA changed its diagnoses, that they did kind of</p>
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<p>1 and things like that that people -- there was a, 2 you know, very high likelihood that people watching 3 those would make the correct diagnosis.</p> <p>4 But it's not -- outside of that, I'm not aware 5 of other research in terms of inaccuracy in the 6 diagnosis.</p> <p>7 Q In that research that you're discussing, how was -- 8 I guess I'm wondering how the diagnosis was 9 measured to be accurate or inaccurate. What was 10 the standard?</p> <p>11 A Well, they were looking at really kind of whether 12 it was consistent so that if -- at least that's my 13 understanding of that, that they were -- they had 14 the -- using the different criteria for making a 15 diagnosis if there was kind of consistency in -- 16 and again, and this was in adults, I believe, when 17 they did this for the gender incongruence diagnosis 18 versus these older diagnostic schemes.</p> <p>19 Q So --</p> <p>20 A There's not a lot of -- it's not something that -- 21 that's just the one thing I could think of where 22 anyone has tried to, you know, do some kind of 23 assessment of diagnostic criteria and are they 24 useful.</p> <p>25 Q Well, I'm wondering if you think this is an area</p>	<p>1 some similar kind of, you know, studies to -- on 2 kind of the utility where people, different 3 clinicians, you know, making the same diagnosis and 4 the same -- with given the same clinical 5 presentation.</p> <p>6 Q Are you suggesting that it's impossible to 7 misdiagnose someone with gender dysphoria?</p> <p>8 MR. STRANGIO: Object to form.</p> <p>9 A I'm not saying it's impossible, but -- but in my 10 experience, the symptoms are pretty distinct and, 11 you know, certainly Standards of Care 8, for 12 example, says one should, you know, rule out other 13 diagnoses. And I think whenever we make a 14 diagnosis we have, you know, the realm of diagnoses 15 in our head. But in my experience, making this 16 diagnosis -- the symptoms of this diagnosis are 17 more distinct from others, and so -- I think I 18 answered the question.</p> <p>19 Q Any other psychiatric conditions that you deal with 20 in your clinical work for which there's no error 21 rate?</p> <p>22 MR. STRANGIO: Object to form.</p> <p>23 A So just error rate is not a measure that we 24 typically use in -- so I'm not sure how to answer 25 the question.</p>

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<p>1 Q Well, when you go to diagnose somebody with a 2 psychiatric illness or you're considering whether 3 somebody has a given psychiatric illness, do you 4 ever run a battery of tests to help you make that 5 assessment?</p> <p>6 MR. STRANGIO: Object to form.</p> <p>7 A So usually it is we do a clinical interview and a 8 mental status examination the way we do for any DSM 9 diagnosis.</p>	<p>1 have a diagnosis. But to make the actual 2 diagnosis, we still need to do the clinical 3 interview and the mental status examination.</p> <p>4 Q Is there -- and there's no concern that upon doing 5 the clinical interview and that examination that 6 you might have an inaccurate diagnosis?</p> <p>7 MR. STRANGIO: Object to form.</p>
<p>10 Q Are those just random questions or are those 11 questions that have been proven to be useful?</p> <p>12 A So when I'm making -- when we make diagnoses, you 13 know, as a psychiatrist, you know, I went to 14 medical school and then did four years of 15 psychiatric residency training and -- you know, and 16 then had 30 years of -- more than 30 years of 17 practice after that. And so -- but certainly we're 18 trained to make diagnoses.</p>	<p>10 patient that it is the correct diagnosis, and in my 11 clinical experience, you know, I can't think of an 12 example where I made a diagnosis of gender 13 dysphoria and then later thought, oh, that was a 14 mistake.</p>
<p>19 Q Okay. Are you trained to use tools that work in 20 making those diagnoses?</p> <p>21 MR. STRANGIO: Object to form.</p> <p>22 A So I -- yes. We're trained on the clinical 23 interview and the mental status exam and knowledge 24 of the DSM and our clinical experience to -- to 25 make diagnoses and certainly very often our</p>	<p>15 Q Well, I'm talking about anything. I'm not just 16 talking about gender dysphoria. I just mean in 17 general.</p> <p>18 A In general, it -- certainly there are times where 19 it's possible. For example, someone can make a 20 diagnosis of major depressive disorder, and the 21 patient, as it turns out, has had perhaps hypomanic 22 episodes that they didn't express, they didn't 23 remember, and so the person might actually have 24 bipolar disorder type 2 depressed, but on initial 25 interview, one might think that it's major</p>
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<p>1 patients are seen by other clinicians as well, and 2 that's certainly especially true when we're in 3 training. And so there is a process to hone one's 4 making a diagnosis.</p> <p>5 We then have -- we have licensure boards. I 6 had to do oral boards where we interviewed live 7 patients in front of a panel of psychiatrists in 8 order to -- and, you know, to give diagnosis or 9 differential diagnosis. And that was all necessary 10 to become a board certified psychiatrist.</p> <p>11 MR. STRANGIO: Just checking to see -- we've 12 been going about an hour. I just want to see if 13 you have a good breaking point coming up.</p> <p>14 MR. FISHER: I do. Just let me get through a 15 couple more, okay?</p> <p>16 MR. STRANGIO: Sounds good.</p> <p>17 Q So, Doctor, I'm just wondering, do psychiatrists 18 never worry about whether some diagnostic tool that 19 they're using might yield a false positive in some 20 circumstance?</p> <p>21 MR. STRANGIO: Object to form.</p> <p>22 A Well, there -- you know, I can think of -- when 23 we're thinking in terms of tools of either, for 24 example, a screening test, a screening test would 25 show that it's -- that somebody might be likely to</p>	<p>1 depressive disorder. You know, and later maybe 2 perhaps come to find out they have bipolar disorder 3 type 2.</p> <p>4 Q Okay. In that circumstance, with that initial 5 interview, looking at major depressive disorder, 6 what is the error rate?</p> <p>7 MR. STRANGIO: Object to form.</p> <p>8 A Well, the thing about bipolar disorder is people do 9 have major depressive episodes as part of the 10 disorder. So you're actually accurate in 11 diagnosing that they're having major depressive 12 episodes. What you might miss in the history is 13 that at some point in the past, even the distant 14 past, they've had a hypomanic episode or more than 15 one, but simply don't remember it. And so, you 16 know, they might not tell us even when we ask about 17 that. But then at some later point, they get those 18 symptoms again, and then they might even connect to 19 having had those symptoms in the past.</p> <p>20 Q Okay. So I'll put it another way then. That in 21 that interview, for purposes of detecting those 22 hypomanic episodes or bipolar disorder, what is the 23 error rate?</p> <p>24 MR. STRANGIO: Object to form.</p> <p>25 A So I can't say I know. I think that it's certainly</p>

<p>1 been -- there certainly have been studies that some 2 people don't get diagnosed with bipolar disorder 3 type 2 until they've been treated for major 4 depression. What share of people that is, I do not 5 know.</p> <p>6 Q Do you think it's important to know that that 7 phenomenon exists where they aren't diagnosed right 8 away and sometimes it comes up later?</p> <p>9 A So for bipolar disorder, yes. And when I'm seeing 10 a patient, you know, I would counsel them that 11 if -- you know, if they have any symptoms of mood 12 elevation to let me know because sometimes people 13 do have undiagnosed bipolar disorder type 2.</p> <p>14 MR. FISHER: All right. Let's go ahead and 15 take our break now.</p> <p>16 MR. STRANGIO: All right.</p> <p>17 MR. FISHER: Five minutes, please. Thanks.</p> <p>18 MR. STRANGIO: Yeah, five minutes is great.</p> <p>19 (Recess taken.)</p> <p>20 MR. FISHER: Shawn, let's pull the declaration 21 back up on the screen. This is Exhibit 4. Still 22 at paragraph 28.</p> <p>23 BY MR. FISHER:</p> <p>24 Q Doctor, in this paragraph you say -- and this is 25 still the first sentence, you talk about gender</p>	<p>Page 41</p> <p>1 A And so that's the wording, was just by quoting a 2 source.</p> <p>3 Q Do you think that nonbinary is separate from a 4 blend of male or female, or do you think that 5 that's really kind of the same thing?</p> <p>6 MR. STRANGIO: Object to form.</p> <p>7 A So, you know, language is always changing, not just 8 for -- as it relates to gender. And I think that 9 it's certainly very common to refer to the people 10 who don't have an identity as strictly male or 11 female as nonbinary.</p> <p>12 Q Well, I'm trying to -- I guess I'm still trying to 13 understand. What is it about those people that 14 makes them nonbinary? Do they reject the idea of 15 male and female in total?</p> <p>16 MR. STRANGIO: Object to form.</p> <p>17 A So they may not -- they may feel that their gender 18 identity is different from their sex assigned at 19 birth but that the other binary gender doesn't 20 fully feel like a fit as well, and they could have 21 gender dysphoria but not necessarily a desire to 22 transition to the -- you know, the other gender in 23 a binary way.</p> <p>24 Q I see. So is there -- how do such people present 25 themselves?</p>
<p>Page 42</p> <p>1 identity being deep felt, inherent sense of being a 2 girl, woman, female, man, male, blend of male or 3 female, or another gender.</p> <p>4 And I'm wondering what other genders besides 5 male, female, or a mix of male/female that you have 6 observed or that you know about.</p> <p>7 MR. STRANGIO: Object to form.</p> <p>8 A So many people identify as nonbinary, and they may 9 have other names that they give to that nonbinary 10 identity. But I would say that one could -- can 11 clarify many of the people who don't identify as 12 male or female as nonbinary.</p> <p>13 Q What does that mean, nonbinary?</p> <p>14 A So it's making reference to the binary of male and 15 female. And so indicating that there are some 16 people who don't identify as male or female in a 17 binary sense. They might have an identity that has 18 aspects of each, for example. But -- and there are 19 people who -- who have that identity of nonbinary.</p> <p>20 Q But I take it from the way you've drafted this 21 sentence that you think that that is different from 22 somebody who has a blend of male and female?</p> <p>23 A Well, the sentence I was quoting on the American 24 Psychological Association's definition from 2015.</p> <p>25 Q Yes.</p>	<p>Page 44</p> <p>1 MR. STRANGIO: Object to form.</p> <p>2 A So for -- if you're saying presenting to a 3 psychiatrist, people present to me seeking 4 treatment, and that could relate to gender 5 dysphoria. It could relate to depression or 6 anxiety or other psychiatric illnesses, but they 7 might tell me that their gender identity is 8 nonbinary and they might have some explanation of 9 the process that they went through to kind of 10 realize that that was the best fit for them.</p> <p>11 Q And earlier you mentioned, I think, that such 12 people -- I don't mean to kind of overstate the 13 categorization -- but sometimes will not want to go 14 through a gender transition even though they don't 15 have an identity that aligns with their assigned 16 sex at birth. Is that a fair statement of what you 17 said?</p> <p>18 MR. STRANGIO: Object to form.</p> <p>19 A So sometimes they don't want to transition in a 20 binary way, so sometimes they don't -- they're not 21 seeking medication or surgery. There are some 22 times where people have sought to address the fact 23 that they're having some dysphoria about their body 24 without kind of a fully binary transition in terms 25 of hormones or surgery.</p>

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<p style="text-align: right;">Page 45</p> <p>1 Q Okay. But somebody who's binary, I take it, but 2 has a gender identity different from the sex 3 assigned at birth, is more likely to want to go 4 through those hormonal transitions?</p> <p>5 MR. STRANGIO: Object to form.</p> <p>6 A Overall that's true, right. There are some 7 nonbinary people who are seeking medical or 8 surgical care to transition, but it is more common 9 in people with a binary transgender identity.</p> <p>10 Q So a person who, I don't know -- I'm wondering 11 about what a -- and maybe -- I'm sure it's not the 12 same for all of them, but a person who wants to 13 transition, so let's say a natal male who wants to 14 transition to female, typically what is that person 15 distressed about and looking to achieve, I guess, 16 to relieve that distress?</p> <p>17 MR. STRANGIO: Object to form.</p> <p>18 A So someone may have distress about aspects of the 19 social role of being male or being perceived as 20 male by other people. They may have distress about 21 aspects of their body that they perceive as 22 appearing masculine or that other people might 23 perceive as being masculine. But the degree of 24 dysphoria about their body can vary from individual 25 to individual and what they -- and, you know, what</p>	<p style="text-align: right;">Page 47</p> <p>1 MR. STRANGIO: Object to form.</p> <p>2 A So, you know, I do -- I know that there have been, 3 you know, a few people who've been, you know, 4 interested in the small literature around uterine 5 transplant which has been done on some cisgender 6 women who want not just to have a baby using a 7 surrogate womb, but to want to have that experience 8 themselves in their own -- having a baby from their 9 own womb. So, you know, that is an experience that 10 some -- I think some cisgender women and some 11 transgender women have. It's not something that is 12 that commonly expressed to me by my patients that, 13 you know, a desire for childbirth.</p> <p>14 Q Well, what do you tell patients when that is a 15 desire that's expressed?</p> <p>16 MR. STRANGIO: Object to form.</p> <p>17 A So I think patients know that that isn't something 18 that is readily available even -- even though they 19 may have, you know, read about, you know, some 20 research, mostly in other countries where there 21 have been some -- you know, some babies born after 22 uterine transplant. But it's not a common kind of 23 topic of discussion.</p> <p>24 Q So, but it's part -- for those people that 25 presented or that mention it, it's part of their</p>
<p style="text-align: right;">Page 46</p> <p>1 they're interested in in terms of medical or 2 surgical care.</p> <p>3 Q Are they distressed about their -- the reproductive 4 role of their birth-assigned sex?</p> <p>5 MR. STRANGIO: Object to form.</p> <p>6 Q And let me be more concrete. Is that -- are they 7 distressed, for example, like in this natal male 8 that I'm hypothesizing, does it ever occur that a 9 natal male is distressed about not being able to 10 have a baby?</p> <p>11 MR. STRANGIO: Object to form.</p> <p>12 A So can you explain the question a little bit more 13 for me?</p> <p>14 Q Well, you've talked about how the person might be 15 distressed about appearance to others and might be 16 distressed about having body parts, genitalia, 17 et cetera, that appear masculine, and so we've 18 talked about that aspect of it. And I'm wondering 19 if it goes any further. You know, perhaps a natal 20 male wants to appear to be what we typically 21 associate with females in terms of body shape or 22 body appearance, but I'm wondering if it goes 23 deeper. Does it go as far as saying, boy, I feel 24 like I'm a female because I want to be able to have 25 a baby?</p>	<p style="text-align: right;">Page 48</p> <p>1 gender dysphoria; right?</p> <p>2 MR. STRANGIO: Object to form.</p> <p>3 A So again, I mean, I'm trying to think of have I had 4 a conversation where someone has come to me and is 5 seeking that? And the answer is no, but have 6 people thought about it? I'm sure people have 7 when, you know, there have been these news reports 8 about uterine transplant. So, you know, it's a 9 phenomenon out there. It's not something that I 10 recall being expressed to me by my patients.</p> <p>11 Q Okay. So you've not heard of somebody -- a trans 12 woman expressing as part of gender dysphoria the 13 desire to have a baby?</p> <p>14 MR. STRANGIO: Object to form.</p> <p>15 A So I'm trying to recall if I've had that 16 conversation with a patient. And off the top of my 17 head, I can't recall having that conversation with 18 a patient.</p> <p>19 Q So what else about when a trans woman says, I feel 20 like, you know, I have this internal sense that I'm 21 female, what else do they mean by that besides 22 you've mentioned things about, for example, 23 discomfort with body parts or body shape, and I'm 24 wondering if there's anything else.</p> <p>25 MR. STRANGIO: Object to form.</p>

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<p style="text-align: right;">Page 49</p> <p>1 A So in addition to discomfort about body parts or 2 body shape, there can be discomfort about how 3 they're perceived by others.</p> <p>4 Q Can you explain that further? What do you mean, 5 that discomfort -- what do you mean by that sort of 6 discomfort?</p> <p>7 A So it can be discomfort if -- let's say if the 8 person is a trans woman, if someone identifies them 9 as a gender other than female, that can be 10 uncomfortable, both from a safety perspective, but 11 also because they -- you know, the person has a 12 desire to be recognized by others as female.</p> <p>13 Q Do you explore with them the source of that desire 14 and what that desire means to them?</p> <p>15 MR. STRANGIO: Object to form.</p> <p>16 A Can you rephrase the question?</p> <p>17 Q Well, I'm wondering, when someone says, I have a 18 desire for people to recognize me as a gender 19 that's not aligned with my sex assigned at birth, 20 do you try to figure out what that means to them, 21 why they have that desire and what the source of 22 that is or what -- you know, what it is they're 23 looking for with that -- to have that desire 24 fulfilled?</p> <p>25 A Well, I think if somebody has a particular gender</p>	<p>1 other way around as well, where people still have 2 the sense that their gender is different from their 3 peers, but might take some time to kind of fully 4 kind of figure out what that is.</p> <p>5 Q Is there a difference between one's gender identity 6 and one's understanding of one's gender identity?</p> <p>7 MR. STRANGIO: Object to form.</p> <p>8 A Well, I would say in a historical sense that 9 sometimes when -- when I've seen patients over time 10 that they've had some fluctuation in the words that 11 they use to describe their gender identity, but 12 their gender identity throughout the process has 13 remained different from cisgender peers. So that's 14 why sometimes one could -- can say one's kind of 15 understanding, you know, might change as they're 16 maybe kind of recognizing what's the best fit for 17 them.</p> <p>18 Q So I want to try to understand this a little 19 better. Again, we'll go back to our natal male who 20 identifies as female and it's a binary 21 understanding, it's just the sex other than the one 22 assigned at birth. But later that person says, 23 well, now I see things more nonbinary, okay. So 24 I'm wondering, when that person identified as 25 female, was that just a misunderstanding or was</p>
<p style="text-align: right;">Page 50</p> <p>1 identity, and this is true whether someone's 2 cisgender or transgender, that you want other 3 people to, you know, treat you in a way consistent 4 with your identity. So I don't look at that as, 5 you know, something that is hard to understand.</p> <p>6 Q I can imagine this comes up with pronouns, but I'm 7 wondering if it comes up in other contexts too. 8 How might they be treated in a way that's not 9 consistent with their gender identity?</p> <p>10 MR. STRANGIO: Object to form.</p> <p>11 A So someone might be transitioning and go to a 12 restaurant and not be identified by the staff at 13 the restaurant as a gender which they identify, and 14 that could be uncomfortable. There's certainly 15 people who've, you know, faced violence or 16 discrimination because they were recognized by 17 others as transgender or not the gender in which 18 they identify. So it certainly is something that 19 can -- has the potential for causing distress.</p> <p>20 Q Okay. Can one's gender identity change over time?</p> <p>21 A So one's kind of understanding of one's gender 22 identity sometimes can evolve, and in particular 23 there are some people who identify as transgender 24 in a more binary way, and later they identify in a 25 more nonbinary way, and that can happen kind of the</p>	<p style="text-align: right;">Page 52</p> <p>1 that person's gender identity female?</p> <p>2 MR. STRANGIO: Object to form.</p> <p>3 A Well, you know, I view my job as making a diagnosis 4 when somebody has a DSM diagnosis of gender 5 dysphoria and not kind of labeling whether in, you 6 know, someone's kind of process of development 7 whether -- you know, what they've -- how they've, 8 you know, described their gender identity, you 9 know, whether that is what it was or not. So if 10 somebody -- if somebody tells me that they 11 identified in a binary way and then later in a 12 nonbinary way, it could just come to their 13 perception of the identity that seems most 14 comfortable to them, and that might take a little 15 bit of time to kind of establish that.</p> <p>16 Q Okay. In paragraph 28, it says -- I think you say 17 here -- you say that "Gender identity is not 18 subject to voluntary change."</p> <p>19 And so I'm wondering what you mean by that.</p> <p>20 A So if there is this -- this kind of underlying 21 longstanding sense of identity, and some of my 22 patients have not wanted to identify that way and 23 others have had parents who haven't wanted them to 24 identify that way. So there have been people who 25 have undergone conversion therapy and really had a</p>

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<p>1 desire not to be transgender, and yet they weren't 2 able to, even working with a therapist, you know, 3 change their being transgender or change that they 4 had gender dysphoria.</p> <p>5 Q Well, you say -- you use the term "voluntary," and 6 I'm inferring that it is subject to involuntary 7 change. Is it subject to involuntary change, 8 gender identity?</p> <p>9 A No. I would say it's not something where someone 10 can simply decide I'm not transgender, I'm not 11 going to be transgender, and have the kind of 12 underlying aspects of theirself that led them then 13 to that point to just go away. There are -- I'm 14 just -- I'm thinking in my clinical experience of 15 patients who've kind of tried to will themselves 16 not to be transgender and, for example, natal males 17 who've gotten married, joined the Marines, you 18 know, have done all of these things to -- you know, 19 the most masculine things, sky-diving, and then, 20 you know, came to the conclusion that none of those 21 things made them not transgender, even though they 22 desperately wanted to not be transgender.</p> <p>23 Q Yeah, I understand that. I'm just wondering do you 24 agree with the following statement: "Gender 25 identity is subject to involuntary change"?</p>	<p>1 trying to lead a -- you know, what they perceive as 2 a cisgender male life and hope that the, you know, 3 identity will follow, and it hasn't worked.</p> <p>4 Q And I understand all that. I just need an answer 5 to the -- to whether you agree with the proposition 6 that gender identity is subject to involuntary 7 change.</p> <p>8 A I mean, it's not subject to involuntary change. Do 9 you mean is subject to -- I'm not quite sure what 10 you're -- I'm sorry. I'm not quite sure what 11 you're asking.</p> <p>12 Q If we change the word -- okay, I'll just read this. 13 And I just -- all I'm going to do is change the 14 word voluntary -- in your declaration, change 15 voluntary to involuntary. Gender identity is not 16 subject to involuntary change; agree or disagree?</p> <p>17 MR. STRANGIO: Object to form.</p> <p>18 A So that's kind of a different meaning than what I 19 was saying, because when I'm saying my -- when I 20 was writing that, I was thinking about the 21 scenarios I discussed with you. I think that 22 people certainly can identify as transgender 23 without -- in a way that's not voluntary in a sense 24 in that it is just how they, you know, identify 25 without it being a choice to identify as</p>
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<p>1 MR. STRANGIO: Object to form.</p> <p>2 A I'm not quite sure even what that means. Do you 3 mean can somebody force you to be a different 4 gender identity?</p> <p>5 Q No, involuntary doesn't necessarily mean forced. 6 I'm just -- really just curious about your modifier 7 "voluntary" here. You know, why say voluntary 8 change. So I just want to clarify, do you think 9 that gender identity is subject to involuntary 10 change?</p> <p>11 A So I think that, you know, you have a good point 12 that I can look at that wording for my next 13 declaration and hope to be more clear. But really, 14 my sense is that what I'm referring to is really 15 that clinical experience of patients who have tried 16 really hard to not be transgender and it hasn't 17 worked.</p> <p>18 And the gender dysphoria has come back, the 19 sense of not being themselves has remained, and so 20 it's not something where people have succeeded by 21 simply deciding they're not going to be transgender 22 and they are going to do as many things as they can 23 to try to reinforce not being transgender. You 24 know, as I said, things like joining the military, 25 they're getting married and having kids, and really</p>	<p>1 transgender. So, but I'm not sure if that is what 2 you're asking.</p> <p>3 Q All I'm asking for is a yes or no answer. Gender 4 identity is not subject to involuntary change; 5 agree or disagree?</p> <p>6 A So again, I don't know what that is referring to, 7 so I don't think I -- you know, I gave the answer 8 that I think kind of explains what I meant.</p> <p>9 Q Okay. You say, "Gender identity is not a product 10 of external influence." And again, this is still 11 paragraph 28.</p> <p>12 Does our understanding of what it means to be 13 a girl or a boy or a man or a woman come from 14 external influences?</p> <p>15 MR. STRANGIO: Object to form.</p> <p>16 A So there's an aspect of -- there is an aspect that 17 reflects culture, but there also are some aspects 18 that seem kind of pretty consistent, you know, even 19 across cultures. So I suppose one could say it's 20 not merely a product of external influence, but 21 people do have ideas about being male and female 22 that -- you know, that reflect males and females in 23 society.</p> <p>24 Q Are you aware of any data showing what percent of 25 children with gender dysphoria have had recent</p>

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<p style="text-align: right;">Page 57</p> <p>1 trauma -- let's just start there, what percentage 2 have had a recent trauma, children with gender 3 dysphoria who have had a recent trauma?</p> <p>4 MR. STRANGIO: Object to form.</p> <p>5 A Is there a particular paper that you're referring 6 to?</p> <p>7 Q I'm just asking if you're aware.</p> <p>8 A And I would say no.</p> <p>9 Q Are you aware of data showing what percent of 10 children with gender dysphoria have a history of 11 physical abuse?</p> <p>12 MR. STRANGIO: Object to form.</p> <p>13 A So there are surveys showing higher rates of 14 transgender people having had a history of trauma 15 which could include physical abuse.</p> <p>16 Q Are you aware of data showing what percent of 17 children with gender dysphoria have autism spectrum 18 disorder?</p> <p>19 MR. STRANGIO: Object to form.</p> <p>20 A So the numbers vary, but it is clear that more -- 21 that there are more people with autism spectrum 22 disorder who are transgender and vice versa than 23 one would expect, just from the general population.</p> <p>24 Q Are you aware of any data showing the percent of 25 children with gender dysphoria that have homosexual</p>	<p style="text-align: right;">Page 59</p> <p>1 prepubertal children differ in terms of when they 2 might identify as a particular sexual orientation.</p> <p>3 Q Yeah, I'm just wondering if you're aware of any 4 data showing the percent of children with gender 5 dysphoria who first had an identification as 6 homosexual.</p> <p>7 MR. STRANGIO: Object to form.</p> <p>8 A So you're talking about a study of prepubertal 9 children?</p> <p>10 Q Sure, let's start with prepubertal.</p> <p>11 Are you aware of any such data?</p> <p>12 A Can you explain to me what -- a little bit more of 13 what you're referring to.</p> <p>14 Q I'm only asking about whether you're aware of data 15 of what percent of children with gender dysphoria 16 had a previous identification of homosexual 17 orientation.</p> <p>18 MR. STRANGIO: Object to form.</p> <p>19 A So as I said, typically when people are being -- 20 children are -- young people are being asked about 21 sexual orientation, it's after the onset of puberty 22 because very often young children don't have a 23 verbal sense of sexual orientation that they can 24 express, at least at that time. They may well have 25 one, but -- so I'm not quite sure of that.</p>
<p style="text-align: right;">Page 58</p> <p>1 orientation?</p> <p>2 MR. STRANGIO: Object to form.</p> <p>3 A So -- well, first of all, there can be confusion 4 using the term "homosexual" because different 5 people use sex assigned at birth versus the 6 person's gender identity to -- as kind of the 7 anchor point of whether it's same sex attraction or 8 not.</p> <p>9 Q Well, I guess using either measure, are you aware 10 of any such data?</p> <p>11 MR. STRANGIO: Object to form.</p> <p>12 A Yes, there has been data on percentages of, for 13 example, trans men who identify as being attracted 14 to other men versus attracted to women versus 15 attracted to both.</p> <p>16 Q Are you aware of any data of the percentage of 17 children with gender dysphoria that had a 18 homosexual orientation prior to the diagnosis of 19 transgender?</p> <p>20 MR. STRANGIO: Object to --</p> <p>21 Q Or I'm sorry, the conclusion of that being 22 transgender.</p> <p>23 A So we don't always -- so when we're -- if we're 24 referring to children, that often is referring to 25 prepubertal children, and very often they're --</p>	<p style="text-align: right;">Page 60</p> <p>1 Certainly there are, for example, trans men 2 who had some period in development where -- where 3 they, you know, recognized their attraction to 4 women and questioned if that, you know, made them 5 lesbian and at some point recognized then actually 6 their identity was male and so they didn't have a 7 lesbian identity.</p> <p>8 But I think, you know, so there is a process 9 of development that relates to both gender identity 10 and sexual orientation and one's -- just one's 11 development of an understanding of how those things 12 apply to the individual.</p> <p>13 Q If we shift the age cohort to post pubertal, does 14 that narrow it down any more or cull to anything 15 more specific in terms of data showing the percent 16 of children with -- and minors, really, the post 17 pubertal cohort, the percent diagnosed with gender 18 dysphoria who previously identified with a 19 homosexual orientation?</p> <p>20 MR. STRANGIO: Object to form.</p> <p>21 A So I can't tell you the numbers, but there are 22 certainly people in their kind of development of an 23 identity who might at one point -- their 24 understanding of their identity might relate more 25 to the sex of the people that they're attracted to</p>

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<p>Page 61</p> <p>1 and at a later point might come to an understanding 2 of transgender identity.</p> <p>3 Q Doctor, do you know when the first teen gender 4 clinic in the United States opened?</p> <p>5 A So it may well be different from when you think 6 because some people refer to Norm Spack's clinic at 7 Boston Children's that brought the Dutch protocol 8 for puberty blockers into more common practice in 9 the U.S. in a multidisciplinary setting. But, in 10 fact, the Dimensions Clinic for trans youth where I 11 worked starting in 2003, but which had existed in 12 some form since the 1990s, has been a clinic that 13 provides care for adolescents and young adults age 14 12 to 25 and has done so since the 1990s.</p> <p>15 Q The first clinic you spoke of, did you say Norm 16 Spack?</p> <p>17 A Yes. The Boston Children's GeMS clinic.</p> <p>18 Q What year did that open?</p> <p>19 A That would have been in the mid 2000s.</p> <p>20 Q In your Dimensions Clinic, you said you've been 21 providing gender care for adolescents since the 22 1990s?</p> <p>23 A Yeah. I worked there since 2003, but the clinic 24 actually started in the late 1990s.</p> <p>25 Q Do you know specifically which year?</p>	<p>Page 63</p> <p>1 diagnosis while it was a diagnosis that could cause 2 insurance to not pay for treatment. So as a 3 psychiatrist, you know, I might -- people were 4 typically also seeing me for major depression or 5 panic disorder or other psychiatric illnesses, and 6 I would just list that. I would not list gender 7 identity disorder diagnosis until it was clear that 8 that was not going to mean that the billing for 9 everything would be rejected.</p> <p>10 Q So was there a point where they -- the diagnosis 11 became, I guess, a more useful guide in this 12 regard, where it was accepted by insurance 13 companies?</p> <p>14 MR. STRANGIO: Object to form.</p> <p>15 A So yeah. I mean, I remember around when I was 16 working with the San Francisco Department of Public 17 Health around 2012 and we tried looking at the 18 numbers within even Department of Public Health 19 clinics, and we kind of couldn't tell from the 20 electronic diagnoses that were made because even 21 when it was clear that it wasn't an automatic 22 rejection, people were so conditioned to avoiding 23 that diagnosis that it took some time.</p> <p>24 But once, in 2013, California MediCal made it 25 clear that you couldn't discriminate against</p>
<p>Page 62</p> <p>1 A I don't recall. But it had been around since then.</p> <p>2 Q All right. Well, let's start with the year that 3 you joined in 2003.</p> <p>4 A All right.</p> <p>5 Q And I'm wondering, in the first decade of your work 6 at that clinic, 2003 to 2013, how many teens with 7 gender dysphoria -- and I don't mean just in your 8 clinic. Maybe I should be clearer about that.</p> <p>9 Nationally, how many teens with gender dysphoria -- 10 were diagnosed with gender dysphoria 2003 to 2013?</p> <p>11 MR. STRANGIO: I'll object to form.</p> <p>12 A So I would say if you're talking about the DSM 13 diagnosis, none, because the diagnosis didn't exist 14 until 2013.</p> <p>15 Q Okay. Well, before that there was a different 16 diagnosis, not necessarily the same, but something 17 that approximates it. What was it, gender identity 18 disorder, is that the --</p> <p>19 A Right, gender identity disorder, adolescents and 20 adults.</p> <p>21 Q So how many adolescents in that decade were 22 diagnosed with gender identity disorder?</p> <p>23 A So we don't have good numbers on that because at 24 one time using that diagnosis could risk exclusion 25 of reimbursement, and so we tended not to use that</p>	<p>Page 64</p> <p>1 insurance coverage by excluding the gender 2 dysphoria diagnosis that had just become the 3 diagnosis, that I think was around -- where there 4 was -- you know, it started to be a sea change of 5 people actually receiving the diagnosis.</p> <p>6 Q I see. So let's go with 2013 to 2018, do you have 7 a -- do you know how many teens nationally were 8 diagnosed with gender dysphoria?</p> <p>9 A So remembering that the exclusion was eliminated in 10 California in 2013, but in other states it lasted 11 longer, so we're looking at nationally there still 12 might have been an avoidance of that diagnosis.</p> <p>13 And the other thing is that there had to be 14 someone to make the diagnosis. There had to be 15 someone to make the diagnosis, so you had to have 16 the clinics there nationally, and then they had to 17 be making the diagnosis for the purpose of 18 insurance reimbursement because the numbers that 19 had been reported are -- we don't have the kind of 20 comprehensive database of -- with our healthcare 21 records, and so we're basing the numbers on claims 22 for insurance reimbursement.</p> <p>23 And so that was relying on there being 24 people to make the diagnosis and then there being 25 insurance coverage to receive the diagnosis, and</p>

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1 those were things that were -- you know, had been 2 developing through the 2010s.	1 presentation of the Dutch group's kind of follow-up 2 data from their longitudinal studies of transgender 3 people, on the streamline of cross-sectional 4 studies of transgender people on data that was 5 presented at the WPATH conference in Montreal last 6 fall.
3 Q Okay. So -- oh, sorry. I didn't mean to cut you 4 off.	7 And there was -- there was kind of an 8 interesting discussion about it where the -- 9 someone from the Belgian team had talked about it 10 in terms of there are more people assigned female 11 at birth accessing care compared to a more stable 12 ratio of people assigned male at birth and people 13 assigned female at birth. And so it may be that -- 14 that the availability of care might affect this 15 still minority of people with transgender identity 16 who are seeking gender-affirming medical care.
5 A Oh, I just said developing nationally. You know, 6 some places more quickly than others.	17 Q Did that data or any other data tell you anything 18 about the -- kind of the age cohort of those natal 19 females transitioning to male and whether that had 20 shifted either -- you know, in any direction from, 21 say, prepubertal to post pubertal?
7 Q Well, what about in -- just in California, is it 8 useful to make, you know, an observation about the 9 number of teens diagnosed with gender dysphoria 10 2013 to 2018?	22 A So people are not getting gender-affirming care 23 prepubertal. Gender-affirming care starts -- you 24 know, at its earliest can start at the beginning of 25 puberty and, you know, some people don't access
11 MR. STRANGIO: Object to form.	
12 A So there's utility to it, but -- you know, and it's 13 clear the numbers increased greatly while the 14 larger number of people who identified as 15 transgender from population-based surveys did not 16 change very much. And so what that's showing is 17 that smaller percentage that had access to care to 18 get a diagnosis and had insurance -- the 19 possibility of insurance reimbursement to receive 20 the diagnosis increased greatly in the 2010s.	
21 Q Well, what about 2018 to 2023?	
22 A So certainly in -- in California by 2018, the 23 access to care, you know, was much better 24 established, and that was probably true in some 25 parts of the country as -- you know, as well.	
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1 Q Okay. So the numbers of teens diagnosed with 2 gender dysphoria 2018 to 2023, do you have a -- 3 really what I want to understand is a sense of 4 whether it's been a constant number every year, 5 whether the numbers have increased, first of all.	1 care or aren't able to access care until, you know, 2 later in adolescence.
6 MR. STRANGIO: Object to form.	3 Q Yeah, I'm just wondering about if you see any 4 change over time among the cohort, the female to 5 male cohort and the age at which they're getting 6 gender-affirming care.
7 A So my understanding is numbers have increased but 8 are still a smaller percentage than the people who 9 identify as transgender, that the numbers are still 10 less than 1 in a thousand, whereas numbers 11 identifying as transgender are more like 0.5 to 12 0.7. And then some have -- you know, there have 13 been some surveys that have been higher.	7 MR. STRANGIO: Object to form.
14 So it's not clear whether those numbers 15 reflect more people identifying as transgender or 16 more people who are accessing care.	8 A So one thing that was interesting that in that 9 particular discussion is the Dutch, in presenting 10 their data, showed that the gender ratio applied -- 11 of people seeking care that had been trending 12 towards more people assigned female at birth, that 13 that ratio applied to adults, people seeking care 14 for the first time as adults, as well as those in 15 adolescence.
17 Q What about the demographics, and really 18 specifically I'm interested here in the ratio of 19 male to female transition versus female to male, 20 among gender dysphorics.	16 So it may be more, you know, of a sense that 17 people -- maybe an adult can access care. Again, 18 it's -- you know, the people accessing care are 19 just the subset of this larger number who identify 20 as transgender.
21 MR. STRANGIO: Object to form.	21 MR. FISHER: Okay. I think this is a good 22 time for the next break, if that's okay.
22 A So people identifying as female has been an 23 increasing percentage in both the United States and 24 internationally of people presenting for care. And 25 there was some discussion at -- I went to a	23 MR. STRANGIO: Yeah, that works for us.
	24 MR. FISHER: All right. We'll take five.
	25 Thank you.

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<p>1 (Recess taken.)</p> <p>2 BY MR. FISHER:</p> <p>3 Q Let's mark our next exhibit as Exhibit 5.</p> <p>4 MR. FISHER: And Shawn, this might be one</p> <p>5 that's out of order because I'm -- just given the</p> <p>6 amount of time, we're going to move ahead a little</p> <p>7 bit. So this is -- it says WPATH and Standards of</p> <p>8 Care on the front of it.</p> <p>9 (Deposition Exhibit 5 marked.)</p> <p>10 Q Doctor, do you recognize this document?</p> <p>11 A Yes, that is the WPATH Standards of Care,</p> <p>12 Version 7, the old version from -- well, released</p> <p>13 in 2011 and published in 2012.</p> <p>14 Q Okay. Is this -- do you use this version in your</p> <p>15 practice?</p> <p>16 A Well, I'm certainly familiar with this version as</p> <p>17 one of the authors, but -- and sometimes insurance</p> <p>18 companies still refer to things in Standards of</p> <p>19 Care 7, but really, last year's Standards of Care 8</p> <p>20 came out, and that really are the current practice</p> <p>21 guidelines.</p> <p>22 Q Is either the Version 7 or the Version 8 a peer</p> <p>23 reviewed publication?</p> <p>24 MR. STRANGIO: Object to form.</p> <p>25 A So the Standards of Care 8 are not -- well, they</p>	Page 69	<p>1 Q Is there anything in Standards of Care 8 that you</p> <p>2 disagree with?</p> <p>3 MR. STRANGIO: Object to form.</p> <p>4 A So when -- as part of the Standards of Care 8,</p> <p>5 there was a Delphi process in which each statement</p> <p>6 came up for approval by everyone on the Standards</p> <p>7 of 8 [sic] committee and where people voted levels</p> <p>8 of approval or disapproval of the statement and</p> <p>9 made suggestions for improvement. So certainly in</p> <p>10 that process there were statements I disagreed with</p> <p>11 and I -- you know, like every other person who was</p> <p>12 reviewing that, you know, ranked it, you know, gave</p> <p>13 it kind of approval/disapproval score and also made</p> <p>14 suggestions.</p> <p>15 I felt that by the end of the process that --</p> <p>16 that I felt, you know, comfortable with much of it,</p> <p>17 but there are chapters that I don't really use so</p> <p>18 much, so I might have a harder time kind of</p> <p>19 defending those. It's a big document. And I tend</p> <p>20 to, you know, focus on the assessment chapters and</p> <p>21 the mental health chapters, for example.</p> <p>22 Q Okay. I think we do have -- I have just found --</p> <p>23 figured out where I put SOC 8. So let's bring that</p> <p>24 up.</p> <p>25 MR. FISHER: Shawn, I think it's the document</p>	Page 71
<p>1 are published in a journal. They are reviewed in a</p> <p>2 different kind of process by many experts in the</p> <p>3 field in the development of the standards of care,</p> <p>4 but it's a different process than somebody, let's</p> <p>5 say, you know, submitting a paper to a journal.</p> <p>6 Q Would you -- is it accurate to say that it's a peer</p> <p>7 reviewed document?</p> <p>8 MR. STRANGIO: Object to form.</p> <p>9 A Again, I'm not sure if that phrase applies to it,</p> <p>10 but it certainly -- everything in it was subject to</p> <p>11 a tremendous amount of review, certainly greatly</p> <p>12 more than any, you know, single paper that's</p> <p>13 submitted to a journal.</p> <p>14 And I'm talking specifically about the process</p> <p>15 around Standards of Care 8 that was released last</p> <p>16 year.</p> <p>17 Q What about the process for Standards of Care 7?</p> <p>18 A Well, Standards of Care 7, that was 2011. There</p> <p>19 also was -- it was a different process. There was</p> <p>20 peer review in the sense that once there was a</p> <p>21 draft that each of the 34 authors made comments and</p> <p>22 corrections. But I think it's maybe, you know,</p> <p>23 more applicable now, you know, to talk about the</p> <p>24 Standards of Care 8 process because that's the one</p> <p>25 that we're using now.</p>	Page 70	<p>1 that's listed at No. 20 on the list that you've</p> <p>2 got. If we could bring that up and mark it as</p> <p>3 Exhibit 6.</p> <p>4 (Deposition Exhibit 6 marked.)</p> <p>5 Q Doctor, is this WPATH Standards of Care version</p> <p>6 6 -- I'm sorry, Version 8?</p> <p>7 A Yes, this is Version 8.</p> <p>8 Q This is Version 8. Okay, great.</p> <p>9 So I guess I'm -- just another way to ask it,</p> <p>10 are you aware of anything in Version 8 that you</p> <p>11 disagree with?</p> <p>12 A I'm sure that there are things there in that I</p> <p>13 don't -- you know, there are the parts of it that I</p> <p>14 use a lot, the assessment chapters and the mental</p> <p>15 health chapters. And there are parts that I don't.</p> <p>16 And so, you know, I certainly -- you know, I have</p> <p>17 agreement with the process of developing it, but</p> <p>18 I'm sure that there are individual statements</p> <p>19 within the Standards of Care 8 that, you know, I</p> <p>20 might not -- might not, you know, reflect my views.</p> <p>21 Q Which statements?</p> <p>22 A I can't -- again, I'm not going to name them. I</p> <p>23 feel like generally the ones that I use, which are</p> <p>24 the -- particularly the assessment chapters,</p> <p>25 there's a section on medical necessity that I</p>	Page 72

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<p>1 sometimes use, and the mental health chapter, that 2 those, you know, I think I'm in general agreement 3 with. There were a bunch of other chapters, you 4 know, that I might use as a reference, but I'm 5 not -- you know, for a particular issue, you know, 6 but I'm not as -- you know, I'm not using all the 7 time, so I -- you could certainly ask me if there's 8 a particular statement and if I agree with it or 9 not, but --</p> <p>10 MR. FISHER: Well, Shawn, let's turn to the 11 table of contents. It looks like it's got page 54 12 up in the top left corner. No, you're too far 13 down. It's only three or four pages in from the 14 top. There we go, one more. There it is. There 15 we go.</p> <p>16 Q So Doctor, I'm looking at Chapter 9. It says, 17 "Eunuchs."</p> <p>18 Do you see that?</p> <p>19 A Yes.</p> <p>20 Q Now, my understanding is that this chapter did not 21 appear in SOC 7 but made its first appearance now 22 in SOC 8.</p> <p>23 Am I right about that?</p> <p>24 A Yes.</p> <p>25 Q Do you agree with the addition of the -- of</p>	<p>1 page -- it's the Chapter 9 page. It says S88 at 2 the top left. It's probably a third, maybe a 3 quarter of the way into the document.</p> <p>4 There we go. Yeah, perfect. Just make that a 5 little bit bigger, please.</p> <p>6 Q Okay. Doctor, the second paragraph under the 7 "Chapter 9 Eunuchs," says, "Eunuch individuals are 8 those assigned male at birth and wish to eliminate 9 masculine physical features, masculine genitals or 10 genital functioning."</p> <p>11 Is that consistent with your understanding of 12 eunuchs?</p> <p>13 A Yes.</p> <p>14 Q So when a eunuch presents as gender dysphoric, what 15 does that mean? And again, I'm asking this in part 16 because I -- I'm just trying to figure out how the 17 gender dysphoria in a eunuch would differ from 18 gender dysphoria from somebody who's assigned male 19 at birth but then thinks of themselves as female. 20 And I wonder if you could kind of help me 21 understand the eunuch gender dysphoria, what that 22 dysphoria consists of.</p> <p>23 MR. STRANGIO: Object to form.</p> <p>24 A Well, and that's why, you know, I explained that I 25 might have, in structuring Standards of Care 8,</p>
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<p>1 Chapter 9 on eunuchs?</p> <p>2 A You know, I might have included it with the 3 nonbinary chapter, but, you know, or elsewhere, as 4 opposed to a separate chapter. But I was not -- 5 you know, the editors made that decision. You 6 know, I think it's useful to have, you know, 7 information about eunuchs as well as others, you 8 know, in there. I don't know if it merited its own 9 chapter.</p> <p>10 Q Do you consider eunuchs to be transgender?</p> <p>11 MR. STRANGIO: Object to form.</p> <p>12 A So I think that -- I think that at least some 13 eunuchs -- I've had limited clinical experience, 14 but the clinical experience that I have had, I've 15 seen people with gender dysphoria, but -- people 16 assigned male at birth with gender dysphoria but 17 also not desiring to identify as female, and that 18 to me kind of seems more like a nonbinary bucket. 19 And those folks with gender -- because I'm in -- 20 you know, as a psychiatrist, I'm making a gender 21 dysphoria diagnosis. I have made diagnosis of 22 gender dysphoria with people who, you know -- who 23 could be identified as eunuch in that they didn't 24 want to -- were not interested in living as female.</p> <p>25 MR. FISHER: Okay. So let's turn, Shawn, to</p>	<p>1 have put this in with nonbinary folks because, in 2 my experience, it's people who have distress about 3 certain masculine aspects of their body, but at the 4 same time, are not interested in transitioning in a 5 binary way and not identifying as female, but 6 having gender dysphoria in that they can have quite 7 significant distress about masculine aspects of 8 their body.</p> <p>9 Q Are you aware whether SOC 8 recommends that 10 healthcare clinicians not make it mandatory for 11 people with gender dysphoria to undergo 12 psychotherapy prior to getting gender-affirming 13 treatment?</p> <p>14 A Yes.</p> <p>15 MR. STRANGIO: Object to form.</p> <p>16 Q I'm sorry, you are aware of that?</p> <p>17 A Yes.</p> <p>18 Q Okay. Do you agree with that recommendation?</p> <p>19 A Yes. While psychotherapy can be beneficial for 20 many people, and I do psychotherapy with people and 21 I also take care of patients, for example, with 22 medications who are separately seeing 23 psychotherapists. And I think psychotherapy is 24 very valuable for a lot of people. On the other 25 hand, not everyone benefits from psychotherapy, and</p>

<p style="text-align: right;">Page 77</p> <p>1 it doesn't -- it's not necessary for everyone. And 2 so I don't think it should be a requirement in 3 order for people to receive gender-affirming care 4 while -- you know, but while recognizing it could 5 be helpful for people who, you know, want to take 6 advantage of it.</p> <p>7 Q How do you know in advance of psychotherapy whether 8 someone would benefit from psychotherapy?</p> <p>9 MR. STRANGIO: Object to form.</p> <p>10 A Well, someone who, for example, has anxiety or 11 depression might benefit from psychotherapy because 12 there are specific psychotherapies better oriented 13 towards helping people with depression or anxiety 14 disorders, so that might be an example of people 15 who are oriented towards -- towards using 16 psychotherapy are more likely to benefit from it. 17 So I think there are, you know, ways of kind of 18 recognizing people for whom, you know, I might make 19 a specific recommendation for psychotherapy.</p> <p>20 Q Is there anybody with gender dysphoria or a 21 particular set of manifestations of that that you 22 would not provide or would not, I guess, be in 23 favor of providing -- I'm sorry, let me start that 24 over.</p> <p>25 Anybody that presents with gender dysphoria</p>	<p style="text-align: right;">Page 79</p> <p>1 treated with psychotherapy before medical 2 intervention is appropriate.</p> <p>3 MR. STRANGIO: Object to form.</p> <p>4 A So there could be concerns, like someone who is 5 having a lot of suicidal ideation or self-harm 6 where I might, you know, recommend psychotherapy, 7 and I want to discuss, if they were to pursue 8 transition care, what the, you know, kind of -- 9 what that experience could mean in terms of, you 10 know, if they are, say, vulnerable to self-harm. 11 So there are times where, you know, I might 12 feel it's important for that individual because 13 of -- because of things that are problematic in 14 addition to gender dysphoria that need to be 15 addressed where, you know, I might recommend 16 psychotherapy in that individual.</p> <p>17 Q Oh, sorry, I didn't mean to cut you off. Thank 18 you.</p> <p>19 All right, let's go back to Exhibit 4, which 20 is the declaration. And let's turn to paragraph 21 35. It's on pages 9 and 10.</p> <p>22 Doctor, can you see that okay?</p> <p>23 A Yes. I'm looking at the paper version.</p> <p>24 Q Oh, that's fine.</p> <p>25 A Only because it cuts off part of it. I'm not sure</p>
<p style="text-align: right;">Page 78</p> <p>1 that -- where that manifests with a particular set 2 of symptoms for whom it would not be appropriate to 3 prescribe medical intervention without first going 4 through psychotherapy?</p> <p>5 MR. STRANGIO: Object to form.</p> <p>6 A So there are circumstances where I might recommend 7 psychotherapy to someone. Sometimes people have 8 very entangled social or family situations and have 9 been ambivalent about whether to proceed because of 10 that. For example, someone whose marriage might 11 end if they start transitioning, where I think 12 psychotherapy would be really helpful for that 13 person, you know, who might be going through 14 particularly difficult circumstances.</p> <p>15 Q Well, you're phrasing that in terms of 16 recommendations or, you know, what you think might 17 be helpful, but I'm just wondering if you think, 18 well, no, there's some conditions where it's just 19 absolutely inappropriate to -- for there to be 20 medical intervention before psychotherapy.</p> <p>21 MR. STRANGIO: Object to form.</p> <p>22 A What do you mean by "conditions"?</p> <p>23 Q Well, I'm talking about somebody whose symptoms, 24 whatever -- you know, whatever it is that makes up 25 their gender dysphoria, need to, in your view, be</p>	<p style="text-align: right;">Page 80</p> <p>1 if I move this to a different place.</p> <p>2 Q That's okay. That's perfectly fine.</p> <p>3 A Oh, okay. Well, then I can't see anyone, but ...</p> <p>4 Q Well, if you want to look on the paper, that's fine 5 too.</p> <p>6 A Okay.</p> <p>7 Q Yeah. So here I think you talk about the evidence 8 base supporting the recommendations of the WPATH 9 standards of care.</p> <p>10 A Uh-huh.</p> <p>11 Q You see that?</p> <p>12 A Yeah.</p> <p>13 Q All right. What do you mean by the "evidence 14 base"?</p> <p>15 A So WPATH contracted with Johns Hopkins University 16 and people who are expert at doing systematic 17 reviews and kind of compiled an evidence base of 18 the literature related to transgender people and 19 gender dysphoria. And so that provided an evidence 20 base, in addition to, you know, all of the experts 21 who participated in the process.</p> <p>22 Q The Johns Hopkins systematic review, was that 23 published with the SOC 8?</p> <p>24 A Yeah, there were some publications that came out of 25 that. I believe Baker, et al., was one, a</p>

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1 systematic review of hormones, for example. There 2 were a couple systematic reviews of surgery that 3 were published separately.	1 published last year, when we did our mental health 2 chapter, but -- so I think that there were only 3 certain chapters where there was a specific 4 systematic review for that chapter, but then there 5 was kind of a broader database of studies that 6 could be utilized, you know, by any of the authors 7 of any of the other chapters to kind of assist them 8 in -- you know, with the literature related to that 9 chapter.
4 Q Anything with respect to children?	10 Q So the last sentence of this paragraph 35 says, 11 "The evidence base supporting the recommendations 12 in the WPATH standards of care is comparable to the 13 evidence base supporting treatment for other 14 conditions."
5 A No, I don't think they published a systematic 6 review for children.	15 Do you see that sentence?
7 Q Is the -- so is it not true or -- I guess I'm 8 trying to figure out if it's fair to say that the 9 SOC 8 recommendations for children are supported by 10 an evidence base and a systematic review of 11 evidence.	16 A Uh-huh, yeah.
12 MR. STRANGIO: Object to form.	17 Q I'm wondering what other conditions you're 18 referring to there.
13 A Well, everyone who was involved in writing 14 Standards of Care 8 did receive a very voluminous 15 document of kind of a systematic review of the 16 literature, and I'm not sure if you're referring to 17 the adolescent chapter as opposed to the child 18 chapter, but certainly, you know, when you look at 19 that chapter, it makes reference to -- you know, to 20 the literature related to the treatment of 21 adolescents.	19 A So when you look broadly at the evidence base that 20 we use to support our clinical decisions, 21 there's -- sorry, all the lights went out again. 22 When you look broadly at the base of evidence 23 that we make clinical decisions on, there is a 24 broad range of types of studies, of means of 25 information, and I think that's true in different
22 Q But that literature itself did not go through a 23 systematic review for purposes of SOC 8?	
24 A Well, there was a systematic review, meaning that 25 reviewing the literature, and there was kind of a	
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1 big database from that that was available for the 2 authors of the various chapters.	1 fields of health where we are using the information 2 that we have and our clinical experience to best 3 guide us in terms of care.
3 Q With respect to adolescents?	4 And I think about, for example, in taking care 5 of adolescents who need psychiatric medications, 6 most psychiatric medicines have only been 7 demonstrated effective in adults and yet we 8 sometimes use them in adolescents because that's 9 all the information that we have.
4 A Yeah. I mean, there was -- I don't know whether 5 there was a specific systematic review of 6 adolescents because I wasn't on that chapter, but 7 there was a very broad systematic review of the 8 literature relating to gender dysphoria more 9 generally because there was this large kind of 10 database that made reference to a voluminous number 11 of studies on different subjects related to 12 transgender health.	10 So we don't always have perfect information, 11 but we try to utilize the information that we have 12 with our clinical experience to make the best 13 treatment choices, and I think that is kind of true 14 in different fields, different aspects of providing 15 clinical care.
13 But my focus in Standards of Care 8 was the 14 mental health chapter. And some chapters had 15 specific systematic reviews. I think maybe 16 hormones, surgery, endocrinology surgery, had 17 specific systematic reviews that were presented to 18 them, and then some of those got published. But 19 there was also this kind of broader database of 20 literature that was available to people generally.	16 Q Anything besides psychiatric medications for 17 adolescents that comes to mind?
21 Q That was -- was that broader database of 22 literature, did that constitute a systematic 23 review?	18 A Well, you know, when you're talking about 19 systematic -- if you're talking about systematic 20 reviews, you know, the fact is that kind of studies 21 of the database of systematic reviews have shown 22 that most systematic reviews -- you know, earlier I 23 mentioned the GRADE, the GRADE scores for a 24 majority of medical interventions are low or very 25 low in terms of the certainty of the recommendation
24 A Well, that's a good question. It was -- it was a 25 few years ago when -- even though it just got	

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<p>1 for an intervention.</p> <p>2 And so it's common for most of the conditions</p> <p>3 that we provide care for that -- that we're dealing</p> <p>4 with an imperfect knowledge base of information,</p> <p>5 but where there's evidence and we're combining that</p> <p>6 with our clinical experience to try to make the</p> <p>7 best treatment decisions.</p> <p>8 Q Well, and you've mentioned specifically psychiatric</p> <p>9 medications for adolescents, and I'm wondering if</p> <p>10 there's any other specific area that comes to mind.</p> <p>11 A Well, like I was looking at the grading of a</p> <p>12 systematic review for psychotherapy for people who</p> <p>13 have been given a terminal cancer diagnosis, and</p> <p>14 the GRADE score was low certainty for that. And</p> <p>15 yet, you know, if I had a patient who was, you</p> <p>16 know, just given that diagnosis, it seems like I</p> <p>17 would, you know, at least, you know, recommend that</p> <p>18 they, you know, might consider getting counseling</p> <p>19 as they're trying to grapple with the realities of</p> <p>20 dying.</p> <p>21 So, you know, I think these are kind of issues</p> <p>22 for all kinds of conditions, and we, as doctors,</p> <p>23 and I think especially in mental health, but I</p> <p>24 think even in other areas, don't always have kind</p> <p>25 of perfect guidance from, you know, a number from a</p>	<p>1 Guideline."</p> <p>2 (Deposition Exhibit 7 marked.)</p> <p>3 Q Doctor, do you recognize this document?</p> <p>4 A Yes.</p> <p>5 Q What is this document?</p> <p>6 A This document is the -- I assume it's the 2017</p> <p>7 Endocrine Society guidelines for treatment of</p> <p>8 gender dysphoria.</p> <p>9 MR. FISHER: Shawn, let's scroll down to the</p> <p>10 bottom so he can see the 2017 so he can just</p> <p>11 confirm that.</p> <p>12 Q Doctor, does that confirm this is the 2017 version?</p> <p>13 A Yeah, yes.</p> <p>14 Q Great, terrific.</p> <p>15 All right. So tell me what the function of</p> <p>16 this document is.</p> <p>17 A So this was a group of experts from the Endocrine</p> <p>18 Society who put together practice guidelines for</p> <p>19 gender dysphoria from the perspective of</p> <p>20 endocrinologists.</p> <p>21 Q Do you use this document in your practice?</p> <p>22 A Yes. I would say now maybe Standards of Care 8</p> <p>23 more than this because this was in 2017. And there</p> <p>24 was a particular time where it was particularly</p> <p>25 useful because it was more up to date than the 2011</p>
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<p>1 study or a radiographic, you know, image that</p> <p>2 demonstrates something. And yet we -- you know, we</p> <p>3 make clinical decisions based on the knowledge that</p> <p>4 we have from both studies and our clinical</p> <p>5 experience.</p> <p>6 Q And we've mentioned psychiatric medications for</p> <p>7 psychotherapy for those with a</p> <p>8 terminal cancer diagnosis. Any other areas that</p> <p>9 come to mind?</p> <p>10 A Well, as I said, I think if we're talking about</p> <p>11 systematic reviews of medical interventions, the</p> <p>12 majority of medical interventions that are done</p> <p>13 have low or very low certainty for that</p> <p>14 recommendation. So I think that this is just very</p> <p>15 common in -- you know, in healthcare that this is</p> <p>16 an issue.</p> <p>17 Q So nothing else specific comes to mind?</p> <p>18 A Those were some specific examples that came to</p> <p>19 mind.</p> <p>20 MR. FISHER: All right. Let's mark our next</p> <p>21 exhibit. What are we up to now, 7? And Shawn,</p> <p>22 this is the -- you'll find this probably under</p> <p>23 No. 19 in the list you got. It says, "Endocrine</p> <p>24 Treatment of Gender-Dysphoric/Gender-Incongruent</p> <p>25 Persons: An Endocrine Society Clinical Practice</p>	<p>1 Standards of Care 7. But now, you know, we do have</p> <p>2 Standards of Care 8 that includes, you know, an</p> <p>3 endocrine chapter that just came out last year.</p> <p>4 Q What -- is this document, these clinical practice</p> <p>5 guidelines, are they supported by a systematic</p> <p>6 review of literature?</p> <p>7 MR. STRANGIO: Object to form.</p> <p>8 A Yes.</p> <p>9 Q And did it follow the GRADE standard, that</p> <p>10 systematic review?</p> <p>11 A Yes.</p> <p>12 Q Where is that systematic review published?</p> <p>13 MR. STRANGIO: Object to form.</p> <p>14 A So the -- well, you can scroll up or down to see</p> <p>15 where it --</p> <p>16 Q Is it -- you say it's --</p> <p>17 A -- the paper where it's published.</p> <p>18 Q Yeah.</p> <p>19 A So -- so the Journal of Clinical Endocrinology and</p> <p>20 Metabolism, November 2017.</p> <p>21 Q So this is itself, you're saying, a systematic</p> <p>22 review of literature?</p> <p>23 A Well, it -- my recollection of this document is</p> <p>24 that it was based on a systematic review of the</p> <p>25 literature, so yes, it's a publication that has as</p>

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<p>1 its basis a systematic review. And I think it 2 includes GRADE scores as part of that.</p> <p>3 Q And I guess I'm wondering where -- the systematic 4 review itself, is it available so that researchers 5 can examine the literature that was part of that 6 systematic review?</p> <p>7 MR. STRANGIO: Object to form.</p> <p>8 A So I think that the -- if you keep on scrolling on 9 this document, that they -- that the systematic 10 review is discussed. They have a part where 11 they -- well, see where they have the -- so they 12 say that there's a systematic review, and then they 13 have a -- I think a GRADE score for kind of 14 certainty of a particular recommendation.</p> <p>15 MR. FISHER: Chase, do you have the full 16 document? I wonder if it would be easier for the 17 doctor to just look at it, scroll through it 18 himself, and tell us where he's talking about.</p> <p>19 A See there, it says, "commission systematic review."</p> <p>20 Q There we go. Yep.</p> <p>21 MR. STRANGIO: I have handed him the paper, 22 the printed version, but it sounds like we're in 23 the spot on the screen as well. So I don't know if 24 that's useful, but ...</p> <p>25 A Okay. Yeah, where it says "commission systematic</p>	<p>1 what was excluded, is this properly understood to 2 be a systematic review?</p> <p>3 MR. STRANGIO: Object to form.</p> <p>4 A Well, it's says a systematic review was done, but 5 what was published here is -- are the clinical 6 practice guidelines where the systematic review 7 was -- the systematic reviews, there were two of 8 them, were used as a basis for the recommendations 9 that they made.</p> <p>10 Q If somebody wanted to go and analyze the studies 11 that were included versus those that were excluded 12 that, you know, formed the systematic review that 13 supports this document, where would they go to find 14 that?</p> <p>15 A If I wanted to do that, I would probably contact 16 the author. But maybe there is -- I don't know if 17 there is anything in the paper that says where to 18 find the 29 that were included versus those that 19 were excluded.</p> <p>20 It's possible that they were published 21 separately, like -- you know, like a few of the 22 WPATH systematic reviews that were separately 23 published, but I don't know.</p> <p>24 MR. STRANGIO: Okay. Mr. Fisher, we're at 25 12:10 here. Do you want to break for lunch now or</p>
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<p>1 review," and it describes a -- the two systematic 2 reviews that they did as part of this -- you know, 3 the endocrinology literature.</p> <p>4 Q But does it tell us what literature was included in 5 that systematic review versus what literature was 6 not included?</p> <p>7 A It says 29 eligible studies, and typically it will 8 have like a CRISMA -- it'll have some listing of 9 what was included and what wasn't, but I don't know 10 where that is.</p> <p>11 Q There's a table at the end that says, "References."</p> <p>12 A Yeah, there's references, but there's also a 13 particular kind of little graph, but systematic 14 reviews sometimes use, of all the papers that were 15 included among the 29. But I'm not sure if -- I'm 16 not sure if that's there or not.</p> <p>17 Q And if you could flip through it, either on the 18 screen here or the copy Mr. Strangio has, and tell 19 us whether that is included here.</p> <p>20 A So I see a lot of data about their recommendations 21 and references, but I don't see a specific listing 22 of the -- sometimes they do list that -- which the 23 studies that were included and those that were 24 excluded, and I don't see that as part of this.</p> <p>25 Q Well, without a listing of what was included and</p>	<p>1 do you want to finish with this document?</p> <p>2 MR. FISHER: Yeah, just give me a second, 3 Chase. Well, we can -- I just want to see if I've 4 got anything else on this or WPATH before we break, 5 but probably here in just a minute.</p> <p>6 MR. STRANGIO: Yeah, sounds good.</p> <p>7 Q Oh, Doctor, I'm not sure we have to go back and 8 look at it, but with reference to WPATH 8, my 9 understanding is that it removed the minimum age 10 limit for a child to take puberty blockers, 11 cross-sex hormones, or have gender transition 12 surgery.</p> <p>13 Are you aware of that change?</p> <p>14 MR. STRANGIO: Object to form.</p> <p>15 A So there was no difference for puberty blockers, 16 because there's not an age. It's Tanner stage 2. 17 And there was a prior version of the adolescent 18 chapter that included ages for -- recommended ages 19 for hormones, chest surgery, I think, and 20 vaginoplasty. And then in the end, because it's a 21 consensus document and there wasn't consensus on 22 those ages, it was left to clinical judgment and 23 there weren't specific ages that were put.</p> <p>24 But they did state that any interventions 25 should be age appropriate and that the adolescent</p>

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<p>1 should have the maturity to not only -- to get the 2 procedure, but to have the kind of cognitive 3 understanding to assent to the procedure with the 4 consent of the parents of the adolescent. And so, 5 but without -- without saying specific age except, 6 I think, they kept the specific age for 7 phalloplasty at 18.</p> <p>8 Q Did you agree with that change?</p> <p>9 A So I wasn't part of the process. I wasn't directly 10 involved in the adolescent chapter in terms of 11 writing it or in terms of the -- you know, I wasn't 12 involved in terms of the Delphi process, and there 13 was a time -- a part of commenting on every 14 chapter, but I wasn't a part of the change of 15 changing the age recommendations.</p> <p>16 I do think that there's strength in the 17 document in there being consensus and that with any 18 group of care providers, there, you know, are 19 differences of opinion. And I still think that 20 there's a principle of -- you know, of responsible 21 care.</p> <p>22 Q Do you think it's appropriate to prescribe hormones 23 to adolescents?</p> <p>24 A Yes, I think for adolescents for whom it's 25 clinically indicated, you know, yes, I think</p>	<p>1 Q Why not?</p> <p>2 A So I think that it is -- that generally it is 3 appropriate for them to reach a particular level of 4 maturity to -- that, particularly, genital surgery 5 does have some -- depending on the surgery, does 6 have processes that people have to be able to 7 participate in where having that extra maturity 8 would be helpful. And it also is, you know, maybe 9 reaching, you know, an age, you know, of consenting 10 for those procedures.</p> <p>11 So I think that there can be circumstances 12 where genital surgery for minors could be 13 appropriate, you know, if there's individual -- an 14 individual assessment of a good reason for it. In 15 my practice, I haven't recommended it. And the one 16 surgery that I have supported people in getting is 17 chest surgery for when people have very significant 18 dysphoria about their chest.</p> <p>19 Q I want to make sure I understand what's involved in 20 each of these. So chest surgery, what does that 21 entail?</p> <p>22 A So that is -- it involves a mastectomy and a male 23 chest reconstruction or, you know, to have a 24 male-appearing chest after removing -- removal of 25 breast tissue, and so that's what I meant by</p>
<p>1 gender-affirming medical care can be appropriate.</p> <p>2 Q What about surgery?</p> <p>3 A So the one surgery that patients of mine have had, 4 while minors, has been masculinizing surgery for 5 people assigned female at birth, and so -- 6 masculinizing chest surgery. So there are some 7 adolescents who have -- assigned female at birth 8 who have very strong gender dysphoria about -- 9 around their chest, and it sometimes is appropriate 10 to -- and patients sometimes receive great benefit, 11 from having chest surgery.</p> <p>12 I haven't recommended for my patients who are 13 adolescents having genital surgery before the age 14 of 18, but I think that there could be 15 circumstances for vaginoplasty of families wanting 16 to have that surgery perhaps at age 17 before the 17 young person goes away to college so that they can 18 be with their family to receive supporting care 19 during the healing process and then go off to 20 college after surgery.</p> <p>21 So that would be for someone who is quite 22 mature and where a determination was made that that 23 was, you know, appropriate. So I can see that 24 there could be a few circumstances, but generally 25 I'm not recommending genital surgery for minors.</p>	<p>1 masculinizing chest surgery for people assigned 2 female at birth.</p> <p>3 Q And then you also mentioned vaginoplasty?</p> <p>4 A Yes.</p> <p>5 Q What does that entail?</p> <p>6 A Vaginoplasty is genital surgery for trans women.</p> <p>7 Q And what does it require?</p> <p>8 A Well, it is a surgery that includes orchiectomy and 9 creation of a neovagina typically, although for 10 some people only have kind of an external vulva 11 created by the surgeon. So that's what -- what 12 happens when somebody receives a vaginoplasty.</p> <p>13 Q I'm sorry, what is an orchiectomy?</p> <p>14 A That's removal of the testes.</p> <p>15 Q What about the penis?</p> <p>16 A So the penis most commonly is inverted and is used 17 in the creation of a neovagina. The glans penis 18 becomes the clitoris, and the -- some of the skin 19 from the penis is inverted after removal -- after 20 replacement of the glans penis and reduction in 21 size to be the clitoris, the remaining -- the skin 22 from the shaft of the penis is inverted and becomes 23 the vaginal canal.</p> <p>24 MR. FISHER: Okay. I think that's a good 25 place to break for lunch.</p>

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1	(Lunch recess taken.)	
2	MR. FISHER: All right. Let's mark our next	
3	exhibit. So I think this will be 8, if my count is	
4	right. And this is going to be -- Shawn, you'll	
5	find this probably under No. 21 on that list. This	
6	is the Recommendation of the Council for Choices	
7	document.	
8	(Deposition Exhibit 8 marked.)	
9	BY MR. FISHER:	
10	Q Doctor, do you recognize this document?	
11	A Yes.	
12	Q Can you tell me what this document is?	
13	A It is recommendations from a government healthcare	
14	agency in Finland.	
15	Q And what are those recommendations?	
16	A You'll have to show them to me. I can't list them.	
17	Q All right. Do you have a -- have you read this	
18	document before?	
19	A Yes.	
20	Q Okay. Did you mention --	
21	A It was a while back.	
22	Q Oh, okay.	
23	A I think -- yeah, several -- yeah, it was at least a	
24	few months ago.	
25	Q Did you mention this document or cite this document	
		Page 98
1	anywhere in your report?	
2	A No, I don't think so.	
3	Q So let's go over to page -- well, it's under No. 7.	
4	It's under "Conclusions." And do you see, Doctor,	
5	it looks like it's the one, two, three, fourth	
6	paragraph down, and it says, "In light of available	
7	evidence, gender reassignment of minors is an	
8	experimental practice."	
9	You see that statement?	
10	A Yes.	
11	Q Do you agree with that statement?	
12	A No.	
13	Q Why not?	
14	A So I assume they mean treatment of gender dysphoria	
15	of minors, and I think that that is something that	
16	has -- people have been providing gender-affirming	
17	care for minors for decades, and there is both	
18	evidence of efficacy and clinical experience, and	
19	that's why I don't think it's experimental.	
20	Q Okay. Let's go down later in that paragraph. It	
21	says -- and this, I think, is the penultimate	
22	sentence of the paragraph. "Information about the	
23	potential harms of hormone therapies is	
24	accumulating slowly and is not systematically	
25	reported."	
		Page 100
1	A I'm sorry, paragraph No. 5 of this same page?	
2	Q Yeah. No, no, I'm sorry, it's Section 5 of the	
3	study. I'm sorry. A couple pages back.	
4	A Can you -- I only am looking at the screen, so can	
5	you --	
6	MR. FISHER: Shawn, can we go ...	
7	Q So here I'm looking down at the last paragraph,	
8	where it says, "The effect of pubertal suppression	
9	and cross-sex hormones on fertility is not yet	
10	known."	
11	Do you see that sentence?	
12	A Yes.	
13	Q Do you agree with that sentence?	
14	A Well, there are things that are known and things	
15	that are not known. I was -- when I was scanning	
16	down there, I got stuck on the previous paragraph	
17	where it says, "This study found that during	
18	cross-sex hormone therapy, problems in these areas	
19	did not decrease," and I know the study they're	
20	referring to, and I think they were -- they are	
21	mischaracterizing the study, so -- which, actually,	
22	I think showed substantial benefits from cross-sex	
23	hormones. So it just makes me wonder about the	
24	bias of the person writing this.	
25	But anyway, I think that there are fertility	

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<p>1 concerns about pubertal suppression, particularly 2 if done very early. And, you know, so I agree that 3 this concerns why, in Standards of Care 8, part of 4 the recommended process, with informed consent for 5 care, is fertility counseling. And that is kind of 6 listed again on the summary of recommendations for 7 care, because people need to, you know -- certainly 8 need to know that it's a consideration.</p> <p>9 Q Now, as I understand it, one of those 10 recommendations -- so, yeah, let's go to page 10, 11 right before Section 9.</p> <p>12 A So I don't have the paper, so I'll have to see it 13 up here.</p> <p>14 Q All right. So I'm looking at the paragraph right 15 before Section 9. It says, "Surgical treatments 16 are not part of the treatment methods for dysphoria 17 caused by gender-related conflicts in minors."</p> <p>18 And I'm wondering if you -- I guess what your 19 reaction is to that statement.</p> <p>20 A So I'm aware from having read this -- there is a 21 paper from Finland that showed very strong benefits 22 with gender-affirming care with -- in mental health 23 with hormones, and from that I could see the 24 protocol in Finland, which was that they would 25 start hormones at age 16 and then, but they --</p>	<p>1 systematic review that, I think, was maybe meant to 2 support some recommendations for care of minors in 3 Sweden. And I think this systematic review was 4 previously just available in Swedish, but it's now 5 just been published in English.</p> <p>6 Q Let's turn over --</p> <p>7 MR. FISHER: Shawn, let's go over to page 4 8 under -- this will be under 3.3, Section 3.3. 9 There we go.</p> <p>10 Q So I guess, Doctor, I mean, as a systematic review, 11 this is -- as I understand it, at least, this -- 12 the authors of this paper have made available -- 13 you know, they've disclosed the studies they 14 included and the studies that they excluded.</p> <p>15 A Uh-huh.</p> <p>16 MR. STRANGIO: Object to form.</p> <p>17 Yes, Doctor, go ahead.</p> <p>18 A I take your word for it, but again, I've only kind 19 of scanned this paper quickly because it was just 20 published.</p> <p>21 Q Okay. Well, so we have under 3.3, there's a 22 discussion of studies that examined psychosocial 23 outcomes and cognitive effects, and, you know, it 24 enumerates them briefly in the first paragraph.</p> <p>25 And in the second paragraph it talks about the -- I</p>
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<p>1 surgery, from their, you know, prior protocol as 2 well, was reserved for adults within their national 3 health system.</p> <p>4 And so I think that that's reflecting the 5 government national health system, that they can 6 get puberty blockers at Tanner stage 2, hormones at 7 16, and surgery at 18, if you want to get those 8 things, you know, fully paid for through the 9 national health system.</p> <p>10 MR. FISHER: All right. Let's go to what 11 we'll mark as Exhibit 9. It's, I think, under 12 No. 22 on your list, Shawn. It's "A systematic 13 review of hormone treatment for children."</p> <p>14 (Deposition Exhibit 9 marked.)</p> <p>15 Q Doctor, are you familiar with this paper?</p> <p>16 A I have seen this paper. It was only published very 17 recently, so I have just scanned it briefly.</p> <p>18 Q Oh, so you haven't had a chance to fully digest the 19 paper?</p> <p>20 A Well, I have a -- I have a sense of it. So you can 21 ask me specific questions and, you know, show me 22 what you're referring to on the paper, and then I'm 23 happy to respond.</p> <p>24 Q All right. What is your sense of this paper?</p> <p>25 A Well, it's a systematic review. It was a</p>	<p>1 guess, you know, what reaction these authors had to 2 those papers.</p> <p>3 And it says, "Because these studies were 4 hampered by small number of participants and 5 substantial risk of selection bias, the long-term 6 effects of hormone treatment on psychosocial health 7 could not be evaluated. Of note, the above studies 8 do not allow separation of potential effects of 9 psychological intervention independent of hormonal 10 effects."</p> <p>11 What do you -- what is your reaction to that 12 statement?</p> <p>13 A So I think it's very difficult to draw conclusions 14 on complex interventions with graded systematic 15 reviews, and so it's not surprising that -- you 16 know, that limitations would be found. I would 17 just add that for systematic reviews of complex 18 interventions that it really is the norm for there 19 to be really significant issues in terms of in the 20 systematic reviews. So it's -- I don't think 21 transgender health is an outlier in that regard, 22 but it's also not a surprising conclusion.</p> <p>23 But I would say, the additional thing that I 24 would say is even if this is what they found on a 25 systematic review, which was bringing down 10,000</p>

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<p style="text-align: right;">Page 105</p> <p>1 articles down to 24 and seeing if they, you know, 2 could have a statistically significant effect from 3 those 24, even if that's what they found, that 4 doesn't mean that there aren't, you know, a number 5 of studies that have shown psychosocial improvement 6 with hormone treatment and that our clinical 7 experience has also been that hormone treatment for 8 those people who need treatment of gender dysphoria 9 can have dramatically positive effects.</p> <p>10 So I think there's a limitation in just, you 11 know, using this particular kind of analysis, but 12 it's not a limitation that is restricted among the 13 medical interventions that we do, you know, all the 14 time. It's not necessarily restricted to 15 transgender health, and it's not fully reflective 16 of, you know, our experience of -- you know, and 17 the number of studies that have shown a benefit 18 from hormones for gender-affirming care.</p> <p>19 Q So is this study, in your view, relevant to your 20 consideration of safety and efficacy for hormone 21 treatment for minors?</p> <p>22 MR. STRANGIO: Object to form.</p> <p>23 A So, you know, WPATH, certainly, and others have 24 used, you know, systematic reviews. They can be 25 helpful. I'm not sure about a -- there was a</p>	<p style="text-align: right;">Page 107</p> <p>1 first question is, did you cite this or -- this 2 paper in your declaration in this case?</p> <p>3 A No.</p> <p>4 MR. FISHER: Let's turn to page 40 of the 5 document, please, Shawn. Let's make that just a 6 little bit bigger, if we can. Scroll down just a 7 little bit. Thank you.</p> <p>8 Q So, Doctor, under the header of 6, where it says 9 "Discussion," the first sentence says, "A key 10 limitation to identify the effectiveness and safety 11 of GnRH analogues for children and adolescents with 12 gender dysphoria is the lack of reliable 13 comparative studies."</p> <p>14 Do you see that statement?</p> <p>15 A Yes.</p> <p>16 Q Do you agree with that statement?</p> <p>17 A Well, my opinion, a little bit, is a little 18 different about GnRH analogues. I think there's -- 19 evidence is very strong that they work in terms of 20 stopping puberty. The question is when you have 21 studies that are looking for more than that, you 22 end up with this complex intervention -- complex 23 outcome where it's more difficult to find high 24 certainty evidence on a systematic review.</p> <p>25 So I think that the evidence is very strong</p>
<p style="text-align: right;">Page 106</p> <p>1 government process that I'm somewhat skeptical 2 about, but I would need to read the article further 3 to draw more conclusions on its utility.</p> <p>4 Q Were you aware of this paper when you wrote your 5 declaration for this case?</p> <p>6 MR. STRANGIO: Object to form.</p> <p>7 A This paper had not been published when I wrote my 8 declaration.</p> <p>9 Q I see. Okay.</p> <p>10 A It was only -- it was published three weeks ago.</p> <p>11 MR. FISHER: Okay. So let's mark Exhibit 10.</p> <p>12 And this one, Shawn, you'll find, I think, at 13 No. 23 on your list. It says, "Evidence review: 14 Gonadotrophin releasing hormone analogues."</p> <p>15 (Deposition Exhibit 10 marked.)</p> <p>16 Q Doctor, do you recognize this paper?</p> <p>17 A Yes.</p> <p>18 Q All right. What do you understand this paper to 19 be?</p> <p>20 A My recollection is that it's a systematic review of 21 effects of GnRH agonists in treatment of 22 adolescents with gender dysphoria.</p> <p>23 Q And have you read this paper before?</p> <p>24 A Yes, but it's been a little while.</p> <p>25 Q All right. So let's turn -- well, actually, my</p>	<p style="text-align: right;">Page 108</p> <p>1 that if you give somebody a puberty blocker, it 2 will block -- it will effectively block their 3 puberty. The question is, you know, what other 4 outcomes, you know, should you be looking for in -- 5 you know, in those patients.</p> <p>6 Q So then the next paragraph says, "The studies 7 included in this evidence review are small, 8 uncontrolled observational studies, which are 9 subject to bias and confounding, and are of very 10 low certainty as assessed using modified GRADE."</p> <p>11 So what about that sentence -- I mean, I guess 12 I'm wondering, first of all, if you've studied this 13 enough to know what studies were included in the 14 systematic review to be able to assess that 15 statement.</p> <p>16 A Yeah, I --</p> <p>17 MR. STRANGIO: Object to form.</p> <p>18 A I don't recall which ones were included or excluded 19 in this study. Again, a systematic -- systematic 20 reviews of complex interventions, and especially 21 when you're looking for a mental health outcome, 22 that those -- that you never get high certainty on 23 GRADE. There was a study where no GRADE for 24 systematic reviews of any interventions, that were 25 complex interventions, showed a high certainty and</p>

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1 that most -- even most overall GRADE scores for 2 systematic reviews of medical interventions are low 3 or very low certainty. 4 So it's -- you know, of course more of it is 5 the better, and there is a little bit more, a 6 little bit larger study that's come out after this, 7 but it's not, you know, surprising that doesn't get 8 a high GRADE score. 9 MR. FISHER: All right. Let's mark the next 10 one. So this will be Exhibit 11, and this is -- 11 should be the next document, Shawn, "Evidence 12 review: Gender-affirming hormones for children and 13 adolescents with gender dysphoria." 14 (Deposition Exhibit 11 marked.)	1 They have published long-term data with 2 adults, but if you're talking about minors, it's -- 3 I think, you know, most of the data is of shorter 4 duration. Although six years is still a long time. 5 There was a study in the U.S. where -- from 6 University of Virginia where they actually went 7 back and found patients who had been part of their 8 gender program 40 years ago and found, among the 15 9 people they could still find 40 years later, that 10 people had, you know, very positive effects. 11 So it's not that there's an absence -- you 12 know, full absence of long-term care. Those 13 patients in Virginia, when last seen, were adults, 14 although I think some people had started their care 15 as minors, but it was a follow-up of those who had 16 received surgery as adults. 17 Q So I'm wondering with respect to these last two 18 documents, the two British systematic reviews, do 19 you recall having any concerns about the papers 20 selected when you read these, when you studied 21 these documents before?
16 A Yes. Again, it's been a little while since I've 17 reviewed it, but yes. 18 Q What do you understand this document to be? 19 A That it provided a systematic review of 20 gender-affirming hormones for adolescents with 21 gender dysphoria. 22 Q So if we go over to page 13, please, under the 23 header of "Discussion," the third paragraph down. 24 So the third paragraph down, it says, "The included 25 studies have relatively short follow-up, with an	22 MR. STRANGIO: Object to form. 23 A I don't recall which papers were selected or not 24 selected. Here I would have to review the 25 document, but I think that -- that I do have
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1 average duration of treatment with gender-affirming 2 hormones between 1 year and 5.8 years." 3 I'm wondering if you know of any studies that 4 have done follow-up beyond six years. 5 A Well, the Dutch presented some of their data in 6 Montreal, because they have been following 7 people -- they've continued to follow people, and 8 so I think there is more that is -- you know, is 9 coming out. The largest multicenter study in the 10 United States is still presenting, you know, two 11 years' worth of data just because, you know, it 12 takes time to -- from the initiation of a study to, 13 you know, its completion. 14 The Dutch group has been doing this work for 15 the longest, and so they have the longest 16 experience. 17 Q The Montreal data that you referenced, do you know 18 when that will be published? 19 A No. But they have continued to publish -- they 20 have continued to publish data. I'm not sure what 21 the longest number is, but they are continuing to 22 follow patients, and they, you know, have been 23 providing gender-affirming care for minors for many 24 years now. So I think they have the best chance of 25 publishing, you know, more long-term effects.	1 concerns about just that when systematic reviews 2 are used supporting banning gender-affirming care 3 when I don't think that was the purpose or even the 4 purpose in -- for example, in the United Kingdom, 5 of using them. All of the European countries are 6 still providing gender-affirming care to minors, 7 even if there have been processes that might make 8 access to care less than optimal. 9 Q Do you find these systematic reviews, the British 10 ones in particular, are they relevant for your 11 consideration about the safety and efficacy of 12 either puberty blockers or hormone treatment? 13 A You know, I'm not discounting them, but I would say 14 that the conclusions drawn were continuing 15 gender-affirming care in the United Kingdom, even 16 though they, you know, have had -- have had 17 problems with access, they were not proposing as a 18 conclusion of the Cass support to ban 19 gender-affirming care, they were actually talking 20 about expanding the number of clinics that provided 21 gender-affirming care for minors. 22 Q So you do find them relevant, then? 23 MR. STRANGIO: Object to form. 24 A Relevant in terms of, you know, there's a larger 25 database of publications and, you know, they exist

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<p>1 in that context yes.</p> <p>2 Q Let's go back to your declaration, which is</p> <p>3 Exhibit 4. And I want to look at paragraph 47.</p> <p>4 There we go. Okay.</p> <p>5 Doctor, you make two statements in paragraph</p> <p>6 47, if you could just look at them, just refresh</p> <p>7 your recollection for a second.</p> <p>8 A Uh-huh.</p> <p>9 Q And you don't have any inline citations here, and</p> <p>10 I'm wondering if you -- if this is just meant to be</p> <p>11 an introduction to what follows or if these are</p> <p>12 supposed to be standalone statements about evidence</p> <p>13 that -- for which there's support that you can</p> <p>14 cite.</p> <p>15 A So I think I did a briefer statement here than I</p> <p>16 sometimes have. There is a little more detail in</p> <p>17 the pages to follow, and so I think in between here</p> <p>18 and page 16 there are more citations. But, you</p> <p>19 know, I'm happy to talk about, you know, whatever</p> <p>20 you want to ask about.</p> <p>21 Q Sure. Great. All right. Well, let's go to 49.</p> <p>22 And there we go.</p> <p>23 So here in 49 again you have a series of</p> <p>24 statements and no inline citations, and I want to</p> <p>25 know what studies support each of these statements.</p>	<p>Page 113</p> <p>1 And when you do the statistical analysis to</p> <p>2 compare before people got care to those who did</p> <p>3 receive gender-affirming care showed significant</p> <p>4 improvements in mental health outcomes. And then</p> <p>5 there's all the Dutch data where they've shown</p> <p>6 mental health improvements with gender-affirming</p> <p>7 care in adolescents.</p> <p>8 Q The third one you mentioned, Tordoff, did you say?</p> <p>9 A Tordoff.</p> <p>10 Q Can you spell that for me.</p> <p>11 A T-O-R-D-O-F-F.</p> <p>12 Q Okay, great. Is that cited in your -- I guess your</p> <p>13 Appendix B or Exhibit B?</p> <p>14 A You know, I was just looking and realizing, even</p> <p>15 though it wasn't cited, I cited Inwards-Breland,</p> <p>16 which was the same study, but that was -- before it</p> <p>17 was published, that was when -- from the abstract</p> <p>18 at American Academy of Pediatrics. And then it was</p> <p>19 under a different author, it was published and is</p> <p>20 missing maybe. In editing my statement, I didn't</p> <p>21 include -- it looks like I didn't include Tordoff.</p> <p>22 I sometimes have. And so then it didn't -- I must</p> <p>23 not have gotten it into the bibliography.</p> <p>24 Q Okay, I just want to make sure I understand. Is</p> <p>25 Inwards-Breland the same study or under a</p>
<p>Page 114</p> <p>1 A So, well, unlike 47 when, you know, we could</p> <p>2 discuss the articles involved, 49, I was talking</p> <p>3 about my own clinical experience.</p> <p>4 Q Well, 49, the first sentence says, "The studies on</p> <p>5 gender-affirming care for adolescents with gender</p> <p>6 dysphoria are consistent with decades of clinical</p> <p>7 experience of mental health providers across the</p> <p>8 U.S. and around the world."</p> <p>9 So I'm wondering what studies you're talking</p> <p>10 about.</p> <p>11 A Yeah, and so -- you know, we could talk about --</p> <p>12 and there are a number of studies. Luke Allen's</p> <p>13 study from Kansas City Children's. They did --</p> <p>14 where it was a series where people received --</p> <p>15 adolescents received gender-affirming care showed</p> <p>16 mental health benefits.</p> <p>17 There's the large multicenter study that was</p> <p>18 published by Diane Chen where there was improvement</p> <p>19 of body congruence, and there was improvement in</p> <p>20 mental health outcomes with hormones. There's the</p> <p>21 Tordoff study where they were comparing people who</p> <p>22 had received puberty blockers and hormones with</p> <p>23 people who -- in that same clinic who hadn't</p> <p>24 received care yet and -- but over the course of the</p> <p>25 study did.</p>	<p>Page 114</p> <p>1 different --</p> <p>2 A Yeah. It's the same study, it was just -- it was</p> <p>3 presented at a couple of conferences. I saw one of</p> <p>4 the times it was presented, and there was a</p> <p>5 published abstract. And so that was just based on</p> <p>6 that published abstract. But then later it did get</p> <p>7 published, but under a different name, under a</p> <p>8 different first author.</p> <p>9 Q Okay. All right. And then the rest of paragraph</p> <p>10 49 is you're talking about your clinical</p> <p>11 experience, as I understand it. And then in 50 you</p> <p>12 have a series of statements, and I'm wondering, is</p> <p>13 this about clinical experience or is this based on</p> <p>14 studies as well?</p> <p>15 A So I think it's both. I think in -- there's,</p> <p>16 certainly, from the Dutch studies, as well as the</p> <p>17 American studies, benefits do outweigh the risks.</p> <p>18 It's not that there have been no adverse outcomes,</p> <p>19 but I think the conclusion of various papers have</p> <p>20 been that benefits outweigh the risks for</p> <p>21 treatment.</p> <p>22 Q Can you give me the specific studies that you're</p> <p>23 thinking of there?</p> <p>24 A So I think that the ones that I just cited --</p> <p>25 Allen, Chen, Tordoff -- all showed benefits of</p>

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<p style="text-align: right;">Page 117</p> <p>1 care. Then the various Dutch studies, including 2 de Vries, also -- you know, certainly de Vries 2014 3 Pediatrics showed great benefit from care. There 4 was one adverse outcome in that study from 5 complications of surgery on one patient, but -- but 6 overall the study showed great benefit for the 7 patients in that study.</p> <p>8 Q Any others?</p> <p>9 A Well, I think if you -- you can look at -- you can 10 look at the -- at a number of the -- the Dutch have 11 published a number of studies with benefit. I 12 think the systematic review that was part of 13 Standards of Care 8 that Baker, et al., authored 14 showed benefits. It included, I think, a couple 15 adolescent studies, but mostly adults in the 16 systematic review. So I think that there have been 17 a number of studies that have shown benefit -- 18 benefits from care.</p> <p>19 Q Okay. The Baker that you just mentioned, is that 20 cited in your Exhibit B?</p> <p>21 A Let's see. No. Again, I think that this was maybe 22 a shorter declaration because I have cited it in 23 other declarations, but it may have been for the 24 sake of brevity in this particular one that that 25 wasn't cited.</p>	<p>1 A And I don't think they used GRADE in that 2 publication.</p> <p>3 Q Okay. Anything else that you want to point me to 4 that supports the statements in 47?</p> <p>5 A Well, those are what -- you know, those are some 6 studies that come to mind. And there was -- I 7 guess if we're thinking of other studies, there 8 were a couple of studies for chest surgery in 9 transgender youth, one by Jo Olson-Kennedy that 10 showed a substantial reduction in body incongruence 11 with chest surgery. Those are kind of -- some of 12 the cites off the top of my head.</p> <p>13 Q Doctor, you mentioned one of the studies for both 14 paragraphs 49 and 50, a study by Luke Allen.</p> <p>15 A Yes.</p> <p>16 Q And I think we've got that. It may not be in the 17 stuff that's been uploaded, though.</p> <p>18 MR. FISHER: Melinda, can you go ahead and 19 send that -- or maybe even post it in the chat or 20 something. I don't know if that's something you 21 can do or if that's something maybe Shawn has to 22 do.</p> <p>23 SHAWN WEYERBACHER: If you could post that 24 document in the chat, then I could display that.</p> <p>25 MR. FISHER: Okay.</p>
<p style="text-align: right;">Page 118</p> <p>1 Q So let's now go back to paragraph 47 now that we've 2 gone through 49 and 50. And have we covered 3 everything that supports the statements in 4 paragraph 47 or are there additional studies that 5 support those statements?</p> <p>6 A Well, I told you some. I didn't here do an 7 exhaustive review. There is this Cornell What We 8 Know review that lists predominantly studies of 9 adults, but lists a pretty exhaustive review with 10 links to each study of outcome studies for 11 gender-affirming care from the 1990s through 2017. 12 And that has dozens of studies. And their overall 13 conclusion was that gender-affirming care improved 14 quality of life and measures of mental health.</p> <p>15 Q I remember seeing the Cornell review. Oh, is it -- 16 yeah, I think we've got it. Maybe it's -- I'm not 17 sure if it's in Exhibit B, but maybe it's cited 18 elsewhere in the paper. But just tell me a little 19 bit about that Cornell review. Is that a 20 systematic review?</p> <p>21 A It was a systematic review of papers that had 22 outcome measures for gender-affirming care, you 23 know, from the '90s through the time of 24 publication.</p> <p>25 Q And does it have a high GRADE score?</p>	<p>1 MS. HOLMES: I'm sorry, you said Allen.</p> <p>2 MR. FISHER: Yeah.</p> <p>3 MS. HOLMES: Could that be on No. 28, or are 4 we talking about a different study?</p> <p>5 MR. FISHER: Oh, is it in there? Oh, maybe 6 not. Maybe it's there.</p> <p>7 SHAWN WEYERBACHER: Is this it right here?</p> <p>8 MR. FISHER: Well, I think that's the one I 9 had my eye on, so thank you, yes. Let's mark this 10 one now. I don't remember now what we're up to 11 now. I hope somebody does.</p> <p>12 12. I'm hearing 12. Great, thank you. 13 (Deposition Exhibit 12 marked.)</p> <p>14 BY MR. FISHER:</p> <p>15 Q Doctor, is this the Allen study that you were 16 referring to?</p> <p>17 A Yes.</p> <p>18 Q What was the sample size for this study? Actually, 19 let's just start at a higher level question. 20 What is this study purporting to tell us?</p> <p>21 A So it was -- they looked at -- for youth who were 22 at this transgender clinic in Kansas City. They 23 looked at mental health measures as it related to 24 the youth receiving gender-affirming hormones.</p> <p>25 Q What is -- what kind of a study is it?</p>

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<p>1 A So it is -- well, it's a randomized control trial.</p> <p>2 It's described as a longitudinal evaluation in the</p> <p>3 study.</p> <p>4 Q Then how many people did it study?</p> <p>5 A It just says here 47 youth were assessed before</p> <p>6 treatment and then at least three months</p> <p>7 afterwards.</p> <p>8 Q At least three months. About what was the -- do</p> <p>9 you know what the -- I guess -- well, it says --</p> <p>10 I'm not sure if it's -- does it tell us how -- what</p> <p>11 the mean was for how many months they were</p> <p>12 followed?</p> <p>13 A I don't recall. One would have to, you know, look</p> <p>14 at the study for that number.</p> <p>15 Q And is it accurate to say, from your understanding</p> <p>16 of this study, that the patients that received the</p> <p>17 medical intervention also received psychological</p> <p>18 support?</p> <p>19 MR. STRANGIO: Object to form.</p> <p>20 A I don't recall what other interventions were</p> <p>21 received or how -- you know, were received by those</p> <p>22 youth. So what kind of support they received or</p> <p>23 didn't receive.</p> <p>24 MR. FISHER: Okay, great. Melinda, do we have</p> <p>25 Chen in the collection or should we post that one</p>	<p>1 that's de Vries 2014.</p> <p>2 Q Yeah, okay.</p> <p>3 MR. FISHER: And I think that we can mark</p> <p>4 that. But I think that that is -- well, yes. I</p> <p>5 think that's behind -- that's at No. 11, perhaps,</p> <p>6 Shawn. Let's bring that up, and we can mark that</p> <p>7 13.</p> <p>8 (Deposition Exhibit 13 marked.)</p> <p>9 Q So, Doctor, is this the de Vries 2014 study?</p> <p>10 A Yes.</p> <p>11 MR. STRANGIO: Sorry, just for clarity, can we</p> <p>12 scroll down.</p> <p>13 MR. FISHER: Oh, sure.</p> <p>14 MR. STRANGIO: Thanks.</p> <p>15 Q And what -- can you tell us about this study? What</p> <p>16 is it purporting to tell us?</p> <p>17 A So this was a study where they followed -- well,</p> <p>18 there were a total of 55 people who remained in the</p> <p>19 study to adulthood, it looks like, but who had</p> <p>20 received pubertal suppression during adolescence,</p> <p>21 and then received cross-sex hormones, and then as</p> <p>22 adults received gender reassignment surgery, it</p> <p>23 says.</p> <p>24 And so they followed mental health measures of</p> <p>25 these 55 transgender people from pubertal</p>
Page 122	Page 124
<p>1 to the chat?</p> <p>2 MS. HOLMES: I don't know if we have a Chen</p> <p>3 study at all. It wasn't in the exhibits as far as</p> <p>4 I saw.</p> <p>5 MR. FISHER: That's okay, I think I've got it</p> <p>6 here. Hopefully I can figure out a way to make</p> <p>7 this available.</p> <p>8 So Chen -- indeed, I don't see Chen in</p> <p>9 Exhibit B.</p> <p>10 BY MR. FISHER:</p> <p>11 Q Is Chen listed somewhere in Exhibit B, Doctor?</p> <p>12 A Oh, so Chen is not in my bibliography. Again, I</p> <p>13 think it may have been something kind of edited for</p> <p>14 brevity, because I don't cite -- I don't do a</p> <p>15 review of the studies and citations of the studies</p> <p>16 in my declaration, though it's -- yeah, I don't --</p> <p>17 you're asking about some of the studies for me to</p> <p>18 form the opinions. I didn't -- part of my</p> <p>19 declaration wasn't an exhaustive list of -- you</p> <p>20 know, of the research.</p> <p>21 Q Then you mentioned de Vries 2014. Is that -- oh, I</p> <p>22 think I see that at the bottom of page 2 of your</p> <p>23 Exhibit B. Is that the de Vries study you were</p> <p>24 mentioning before?</p> <p>25 A So there are -- yeah, so at the bottom of page 2,</p>	<p>1 suppression to a year after gender-affirming</p> <p>2 surgery and found that mental health measures</p> <p>3 were -- were quite good in those adolescents, that</p> <p>4 they improved with intervention, and that</p> <p>5 well-being was similar to cisgender controls.</p> <p>6 Q What was the kind of -- generally speaking, what</p> <p>7 was the structure of the study? What kind of a</p> <p>8 study was it?</p> <p>9 A So it was a prospective -- it was a prospective</p> <p>10 longitudinal study that they've been doing in the</p> <p>11 Netherlands now for many years and of providing</p> <p>12 gender-affirming care from pubertal suppression on,</p> <p>13 and then collecting data on those -- on those</p> <p>14 patients. So these were patients who were -- it</p> <p>15 looks like it was followed for a mean of just over</p> <p>16 seven years from the start of pubertal suppression</p> <p>17 to a year after gender-affirming surgery.</p> <p>18 Q Is it accurate to say that the subjects of the</p> <p>19 study also received psychiatric treatment during</p> <p>20 the study period?</p> <p>21 MR. STRANGIO: Object to form.</p> <p>22 A So I think in the Netherlands certainly mental</p> <p>23 health support is available. I don't know the kind</p> <p>24 of extent of it over all of those -- over all of</p> <p>25 those years.</p>

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1 Q Is it your understanding that this study controls 2 for psychiatric treatment? 3 MR. STRANGIO: Object to form. 4 A So I think that, you know, whenever you do a study, 5 it's a consideration that people, you know, can 6 have other interventions, including mental health 7 help. But I, you know, would point out that when 8 you have studies of before and after, that people 9 may well have been receiving mental health help 10 before whatever the intervention is. 11 And so, for example, in Luke Allen's paper, it 12 was a shorter intervention than seven years, that 13 they may well have been -- already been receiving 14 mental health help. And in my clinical experience, 15 I've taken care of a lot of patients who haven't 16 been able to get gender-affirming care. And even 17 though they get mental health help, it's not a 18 substitute for receiving gender-affirming care when 19 they need it, when they're having dysphoria about 20 their bodies. 21 Q So does this paper establish causation between the 22 medical intervention and the outcomes? 23 MR. STRANGIO: Object to form. 24 A So I -- you know, you're only on the first page, 25 and I would have to review how they worded their	1 subjective well-being. Let's see, Table 4. So 2 they do -- I just want to see what's included. 3 So, you know, they did -- they did, as each 4 study does, they talk about limitations, but their 5 conclusions were that this protocol that they had 6 of puberty blockers, gender-affirming hormones, and 7 then gender-affirming surgery, led to improved 8 psychological functioning of transgender 9 adolescents and were recommending early 10 intervention, you know, in appropriate youth. 11 Q So led to, does that establish causation? 12 A I'm sorry? 13 Q You said that they say -- and maybe you could just 14 tell me where they say it specifically -- that it 15 led to those outcomes. 16 A So it says, "Results of this study provide first 17 evidence that, after gender-affirming hormones and 18 gender reassignment surgery, a treatment protocol 19 including puberty suppression leads to improved 20 psychological functioning of transgender adolescents." 22 And so that was their wording, was that it 23 leads -- it leads to. 24 Q Is it -- do you understand them to be claiming 25 causation?
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1 results, but their results from the, you know, 2 abstract on the first page says that gender 3 dysphoria was alleviated, psychological function 4 had steadily improved, well-being was similar or 5 better than same age adults in the general 6 population. And that's not typical of transgender 7 people who -- transgender youth who haven't 8 received gender-affirming medical and surgical 9 care. 10 MR. FISHER: Okay. So Chase, do you have 11 the -- so that we -- the doctor can look through it 12 at his own pace, do you have it available there? 13 MR. STRANGIO: I can look. I printed out 14 everything, but it may take me a second. 15 MR. FISHER: Okay. 16 MR. STRANGIO: We only have -- sorry, I was 17 going off of the exhibits from yesterday, but I 18 didn't see your exhibits from this morning. 19 MR. FISHER: Yeah. It's okay. 20 THE WITNESS: That's it? 21 MR. STRANGIO: Yeah. 22 THE WITNESS: Okay. 23 A So just paging through it, it looks like they have 24 data with a number of effects where they do see a 25 significant improvement in mental health and	1 MR. STRANGIO: Object to form. 2 A They're claiming that this intervention leads to 3 improved psychological functioning, and it also 4 says that -- it says, "While enabling" -- the next 5 sentence says, "While enabling them to make 6 important age appropriate developmental 7 transitions, it contributes to a satisfactory 8 objective and subjective well-being in young 9 adulthood." 10 So they feel that -- I think they do, you 11 know, assert a causality that their interventions, 12 you know, really benefited the youth who received 13 the interventions. 14 Q Given the design of the study and the limits of the 15 study, do you think it was appropriate for them to 16 make a conclusion about causality? 17 MR. STRANGIO: Object to form. 18 A Well, they did have quite dramatic results, 19 especially when we look at so many studies of 20 transgender adolescents who have co-occurring 21 mental health concerns, including suicidality. And 22 they -- their data is showing that in this cohort 23 that -- that they treated, ended up with mental 24 health outcomes comparable to cisgender controls, 25 and that's a pretty strong improvement.

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<p>Page 129</p> <p>1 Q Okay. But I'm just wondering if their causation 2 conclusion is supported by the design and 3 limitations of their study, in your view. 4 MR. STRANGIO: Object to form. 5 A You know, there's always limitations, but I think 6 that this paper provided strong evidence, and I 7 think it was received as such because, you know, 8 the -- first the Dutch group is a very kind of 9 academic and responsible researchers. They have a 10 lot of data, and the data showed pretty strong 11 improvement. So I think all of those things were 12 taken seriously. 13 Q Yeah, but my question is, do you think that they 14 were -- that they appropriately and properly, given 15 the design and limits of this study, found 16 causation? 17 MR. STRANGIO: Object to form. 18 A You know, I think that they assert that -- you 19 know, that their intervention was responsible for 20 the benefit, and I think there's a strong argument 21 for that because it's -- it would be unusual just 22 randomly for transgender adolescents to make such a 23 dramatic improvement. 24 Q I understand that. I really just want a 25 straightforward answer. Do you agree with their</p>	<p>Page 131</p> <p>1 Q And I'm just wondering if you agree with the 2 statement that predicting individual persistence at 3 a young age will always remain difficult. 4 A Well, this was before the Kristina Olson group set 5 of papers, which -- where they did demonstrate a 6 cohort of prepubertal transgender youth, youth with 7 transgender identity, that was very stable, with 8 very little desistance. 9 So I think it depends on what population you 10 are following, and even within the same Dutch 11 group, within -- Thomas Steensma published not long 12 before this, they found -- even though they found 13 substantial prepubertal desistance, they found that 14 one could distinguish essentially factors that were 15 associated with persistence. 16 But even when you get out of the prepubertal 17 desistance conversation, post pubertally it's clear 18 that there are very high rates of persistence when 19 somebody gets a gender dysphoria diagnosis in 20 adolescence and adulthood. 21 Q Okay. So a couple of lines down, it says -- and 22 this is the final sentence in that column, 23 "Therefore, psychological maturity and the capacity 24 to give full informed consent may surface as the 25 required criteria for puberty suppression and CSH</p>
<p>Page 130</p> <p>1 conclusion that their evidence and their design and 2 limits demonstrates causality? 3 MR. STRANGIO: Object to form. 4 A I think -- I think I've answered your question. 5 Q Okay. 6 MR. STRANGIO: We've been going about -- are 7 you done with this? Sorry. 8 MR. FISHER: No, I've just got -- let me 9 finish this paper, and then we can take a break. 10 MR. STRANGIO: Yeah. 11 Q So let's look at the same page with the 12 conclusions. And the -- 13 MR. FISHER: So Shawn, can we scroll down, 14 page 703. There we go. 15 Q Okay. So in the note, the second of those three 16 columns of text, right before footnote 44, you're 17 following with me, it says, "Predicting individual 18 persistence at a young age will always remain 19 difficult." 20 Do you see that? 21 A Yes. When they're talking about prepubertal 22 persistence or desistance. But the Dutch group 23 certainly has had -- you know, demonstrated very 24 high rates of persistence in those people who have 25 gender dysphoria adulthood diagnoses.</p>	<p>Page 132</p> <p>1 in cases that meet other eligibility criteria." 2 Do you see that? 3 A Yes. 4 Q What do you make of that sentence? 5 A Well, the -- the author -- the first author of this 6 paper was also the chapter co-lead for the 7 adolescent chapter in Standards of Care 8, 8 Annelou de Vries. And that chapter lays out the 9 assessment of the adolescent and certainly in this 10 country, so in most of this country, until a minor 11 is 18 years old, it's the parents who consent, and 12 so there is an assessment of the youth's ability to 13 get -- to assent to care, to agree with the 14 parents' informed consent. 15 But, so I'm not sure about the -- exactly 16 about the wording of that sentence, but I think 17 it's laid out in more of a detail, but the process 18 for making that assessment in adolescence. 19 MR. FISHER: Okay. Let's go ahead and take a 20 five-minute break, if we can. Actually, just give 21 me ten. Let's do ten minutes, if that's okay. 22 MR. STRANGIO: Yeah, ten is great. So 23 5:25ish? 24 MR. FISHER: Yes, sounds good. Thanks. 25 (Recess taken.)</p>

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<p>1 BY MR. FISHER:</p> <p>2 Q So, Doctor, earlier you mentioned in connection 3 with paragraphs 49 and 50 of your declaration --</p> <p>4 MR. FISHER: And maybe we could, Shawn, go 5 ahead and pull that back up. That's Exhibit 4.</p> <p>6 Q So I was asking you about what studies supported 7 the statements in these paragraphs, and one of them 8 that you mentioned was Chen.</p> <p>9 A Yes.</p> <p>10 Q And I was trying to figure out which Chen. Was it 11 Chen 2023 or was it a different one?</p> <p>12 A No, that would be the Chen that -- Diane Chen, 13 et al., study of the four center longitudinal 14 study.</p> <p>15 Q Right. Well, the title I've got is "Psychosocial 16 functioning in transgender youth after two years of 17 hormones 2023."</p> <p>18 A Yes.</p> <p>19 Q Is that the one or is it different? That's the 20 one?</p> <p>21 A Uh-huh.</p> <p>22 Q Was that a control group study?</p> <p>23 A So that did not have randomized controls. It was a 24 prospective longitudinal study.</p> <p>25 Q So is it possible to draw causal conclusions from</p>	<p>Page 133</p> <p>1 been in the -- you know, studies showing benefits 2 for gender-affirming care. There is -- you know, 3 can be a reduction in suicidality.</p> <p>4 So when you're following a cohort, in this 5 case of over 300 trans youth, when suicidality and 6 suicide attempts in that population are so high, 7 you know, the fact that there are suicides is 8 tragic and I'm sure devastating for the clinicians 9 working with those youth, but not entirely 10 unexpected because there is so much suicidality in 11 that -- particularly in the population of 12 transgender adolescents.</p> <p>13 Q Let's see. Oh, I know what I wanted to ask you. 14 It's about paragraph 50. We are still there. And 15 I think in the middle of the paragraph, it says -- 16 well, maybe it's the second or third sentence. "In 17 addition, a treating doctor will not offer 18 gender-affirming medical treatments unless they 19 have concluded after weighing the risks and 20 benefits of care that treatment is appropriate."</p> <p>21 Do you see that sentence?</p> <p>22 A Yes.</p> <p>23 Q And then you talk about how the risks and benefits 24 of care are discussed with the minor's parents, 25 et cetera.</p>
<p>1 it?</p> <p>2 MR. STRANGIO: Object to form.</p> <p>3 A Well, it was a large study. They had over 300 4 youth and, you know, we can draw conclusions when 5 there's statistically significant differences 6 between groups, you know, within the limitations 7 that the authors, you know, provide for drawing 8 conclusions.</p> <p>9 Q Okay. So I just want to make sure I understand. 10 Do you think that that study shows causality?</p> <p>11 MR. STRANGIO: Object to form.</p> <p>12 A I think that's a simplification, so that's -- it's 13 not necessarily how I would describe it. But I 14 think it provides evidence for benefit.</p> <p>15 Q My understanding is that two individuals committed 16 suicide during that study; is that your 17 understanding?</p> <p>18 A Yes.</p> <p>19 Q Are you at all surprised that didn't put a stop to 20 the study?</p> <p>21 MR. STRANGIO: Object to form.</p> <p>22 A So I take care of adolescents with gender 23 dysphoria, and there is a tremendous amount of 24 suicidality in that population that is, you know, 25 without treatment. So -- and, you know, there has</p>	<p>Page 134</p> <p>1 And so I'm wondering about the risks, and 2 you've alluded to them in your testimony today. 3 But in your declaration, in the second sentence, 4 you say, "The risks of withholding care for 5 transgender youth and gender dysphoria are clear as 6 described and referenced above."</p> <p>7 And I wasn't sure where -- what you were 8 referring to about "above." And maybe you've got 9 your report there. You can leaf through it and 10 tell me.</p> <p>11 A Yeah, what -- I'm sorry, what page? Where are you 12 referring to?</p> <p>13 Q Oh, this is in paragraph 50 on page 13.</p> <p>14 A Oh, okay. Okay, well, I may have edited it out, as 15 I said, in some of the papers that we discussed, 16 but --</p> <p>17 Q Well, so I guess --</p> <p>18 A Yeah.</p> <p>19 Q Is there --</p> <p>20 A But in terms of -- in terms of risks, there are 21 risks of not receiving care. One example -- you 22 know, in addition to when the, you know, 23 comparisons of people, of youth before and after 24 they received care in some of the studies we talked 25 about before, there is some large surveys. One was</p>

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<p style="text-align: right;">Page 137</p> <p>1 from the U.S. Transgender Survey, and another one 2 was from the Trevor Project, where lack of access 3 to care has been associated with increased 4 suicidality.</p> <p>5 Q Yeah, I'm interested in the risks of receiving 6 care, which you allude to again in paragraph 50, 7 risks and benefits of care. And so, first of all, 8 I just want to confirm, there's no discussion of 9 the risks before paragraph 50 of your declaration; 10 is that correct?</p> <p>11 A When I'm talking about the risks and benefits of 12 care, I was talking about the discussion of 13 informed consent, which of course is central to 14 receiving gender-affirming care. And when I was 15 talking about a treating doctor not offering a 16 treatment unless they conclude that the benefits 17 outweigh the risks, that's true for any care, not 18 just gender-affirming care. A doctor provides care 19 concluding that the benefits of providing that care 20 outweigh the risks.</p> <p>21 Q Yes. So then in the following paragraphs, 51, 52, 22 53, 54.</p> <p>23 MR. FISHER: If you could scroll down, Shawn. 24 The doctor probably has it in front of him anyway.</p> <p>25 Q Here you're talking about regret and regret rates</p>	<p style="text-align: right;">Page 139</p> <p>1 desistance is a phenomenon in a prepubertal youth, 2 so it's not a risk for treatment because it happens 3 before treatment is given.</p> <p>4 Q Okay. So desistance is not in any sense a risk as 5 far as you're concerned once treatment is started?</p> <p>6 MR. STRANGIO: Object to form.</p> <p>7 A There's -- at least the evidence is that -- that 8 it's very uncommon after the start of puberty, and 9 that's certainly also been my clinical experience, 10 that it is very uncommon for -- or that gender 11 dysphoria that persists into adolescence is very, 12 very likely to continue, you know, for -- through 13 the life span of the patient.</p> <p>14 Q Would desistance in your view amount to a negative 15 outcome for somebody who's undergone medical 16 treatment for gender dysphoria?</p> <p>17 MR. STRANGIO: Object to form.</p> <p>18 A So again, desistance is really a prepubertal 19 phenomenon. There are -- you can start to get into 20 worrying, but, you know, later in life you might 21 refer to detransition in terms of people who have 22 started transitioning and stopped. That, you know, 23 I -- it's a risk when there's -- if there's regret. 24 But more commonly, if somebody does stop 25 hormones, it's not necessarily for regret, but</p>
<p style="text-align: right;">Page 138</p> <p>1 in 51 and 52. And then in 53 you're talking about 2 desistance. And then 54 you're talking about 3 desistance. Do you consider desistance to be a 4 risk of medical intervention for gender dysphoria 5 in youth?</p> <p>6 MR. STRANGIO: Object to form.</p> <p>7 A So desistance as I talk about is a prepubertal 8 phenomenon. I do think that regret is a risk, and 9 it is one that I discuss with my patients and their 10 families. It's a small risk, you know, as I, you 11 know, describe here in these studies.</p> <p>12 The percent of people who regret 13 gender-affirming care is quite small and smaller 14 than kind of equivalent care that's given to 15 cisgender people. But it is a risk and, you know, 16 it's just something that -- you know, that I 17 discuss with people, that, you know, there are 18 small numbers of people who regret receiving 19 gender-affirming care and that that's something, 20 you know, among their considerations in making an 21 informed consent.</p> <p>22 Q And apart from regret, you talk about desistance. 23 And so I'm wondering, in what sense is desistance 24 itself a risk?</p> <p>25 A So desistance happens before treatment. So</p>	<p style="text-align: right;">Page 140</p> <p>1 because they've met their transition goals. For 2 example, if they're nonbinary. You know, sometimes 3 people will be on hormones for a period of time but 4 not want to make a binary transition.</p> <p>5 Q Are you familiar -- I don't have it right in front 6 of me, but -- well, let me just see if I can find 7 it.</p> <p>8 Are you familiar with a statement from 9 Dr. Hilary Cass -- first of all, are you familiar 10 with Dr. Hilary Cass?</p> <p>11 A Yes.</p> <p>12 Q Okay. Are you familiar with a statement from her 13 that she's wondering whether children who start on 14 puberty blockers are effectively locked into a 15 treatment pathway? Does that ring a bell with you?</p> <p>16 MR. STRANGIO: Object to form.</p> <p>17 A No. You can -- if you could show me the statement, 18 but I don't recall that.</p> <p>19 Q That's not -- okay, that's not something you're 20 familiar with? That's okay. We don't need to go 21 any further into that.</p> <p>22 MR. FISHER: Okay. We may be just about done 23 here, Chase. Let me just take a few minutes.</p> <p>24 MR. STRANGIO: Okay.</p> <p>25 (Recess taken.)</p>

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1 MR. FISHER: Doctor, thank you very much. I
2 don't have any additional questions, but
3 Mr. Strangio might.

4 MR. STRANGIO: No questions from me.

5 So Debbi, we can just have the doctor read and
6 sign.

7 (The deposition concluded at 5:52 p.m.)

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1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF INDIANA
3 INDIANAPOLIS DIVISION

4 K.C., ET AL.,)
5)
6 Plaintiffs,)
7)
8 -v-) CASE NO.
9) 1:23-cv-00595-JPH-KMB
10 THE INDIVIDUAL MEMBERS OF)
11 THE MEDICAL LICENSING BOARD)
12 OF INDIANA, in their official)
13 capacities, et al.,)
14)
15 Defendants.)
16
17 Job No. 181268

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1 STATE OF INDIANA
2 COUNTY OF HENDRICKS
3
4 I, Debbi S. Austin, a Notary Public in and for
5 said county and state, do hereby certify that the
6 deponent herein was by me first duly sworn to tell the
7 truth, the whole truth, and nothing but the truth in
8 the aforementioned matter;

9 That the foregoing deposition was taken on
10 behalf of the Defendants; that said deposition was
11 taken at the time and place heretofore mentioned
12 between 12:00 p.m. and 5:52 p.m.;

13 That said deposition was taken down in
14 stenograph notes and afterwards reduced to typewriting
15 under my direction; and that the typewritten
16 transcript is a true record of the testimony given by
17 said deponent;

18 And thereafter presented to said witness for
19 signature; that this certificate does not purport to
20 acknowledge or verify the signature hereto of the
21 deponent.

22 I do further certify that I am a disinterested
23 person in this cause of action; that I am not a
24 relative of the attorneys for any of the parties.

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1 IN WITNESS WHEREOF, I have hereunto set my
2 hand and affixed my notarial seal this 22nd day of
3 May, 2023.

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Debbi S. Austin

Debbi S. Austin
Notary Public Seal
State of Indiana
Commission No. 100000000000
My Commission Expires July 13, 2023

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